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ABSTRACT

This manual was written for students and blood donor recruiters interested in starting a campus blood program or in improving an already existing blood program. Contents include discussions of the reasons for blood programs, goals, elements of successful programs, organization of student committees, and comprehensive planning for annual campus and dormitory drives (including specific suggestions for scheduling and other arrangements to be made). Appendixes supply a bibliography, notes on policy issues, eligibility guidelines, tips on recruiting and informing donors, results of a motivation study, a checklist for inspecting potential bloodmobile sites, a list of needed statistics, sample publicity usages, and a sample volunteer manual. (MSE)

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THE BLEEDER'S DIGEST:
A CAMPUS BLOOD COLLECTION REFERENCE MANUAL

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THE BLEEDER'S DIGEST:
A CAMPUS BLOOD COLLECTION REFERENCE MANUAL

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by

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Paul Pisarik

March 16, 1976

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INTRODUCTION TO THE MANUAL

This manual was written for students and blood donor recruiters interested in starting a campus blood program or in improving an already existing blood program.

A comprehensive outline of the organization and operation of one successful blood program, that of Volunteer Illini Projects at the University of Illinois (at Urbana-Champaign), is the base on which this manual is built. Before the implementation of the program, the University of Illinois with a student population of 35,000, produced less than 1500 pints per year, and in some years, none. Presently, 6000-7000 pints are collected at spaced intervals throughout the year by several agencies to benefit hospitals throughout the entire state of Illinois.

This manual doesn't have all the answers; indeed, every successful blood program we have seen has been unique in some way because of the particular situation: student attitudes (or apathy), the distance from the blood bank, paid blood centers competing for donors, the budgets of the blood banks and the college administration -- and perhaps most importantly -- the skill, effort, and interests of the various individual personalities involved.

Every good blood collection program is to a certain degree a seat-of-the-pants operation. You will be on your own to make decisions and be creative with the resources you have. This is one reason why blood donor recruiters find their job rewarding -- it brings out their organizational talents. A strong feeling of satisfaction can come after a successful drive.

And the people -- donors and volunteers -- are really great. It creates a good feeling to be in the midst of people giving of themselves, literally, cooperating, and feeling very positive about it. Anyone who has spent a lot of time around volunteer blood donors is going to feel better about people in general.

Let us know about your blood program -- you can send in the enclosed post card, or write us at the Blood Donor Research Group. More materials that may be of use to you are available; if you would like a bit of these, please indicate.

Consulting by mail, telephone or in person may help to speedily resolve certain problems, and we will do this within the limits of available resources on your request.

A WORD ABOUT THE AUTHORS

Melissa Bean was Chairperson of the Volunteer Illini Projects Blood Program 1974-75. She is now enrolled at the Chicago College of Osteopathic Medicine.

Paul Pisarik was the 1975-76 Chairperson of the VIP Blood Program. He is a pre-medical student.

John Hackmann helped initiate the program and his interest in blood programs led him to form the Blood Donor Research Group, which produced this manual and is carrying out more research and dissemination efforts supporting voluntary blood collection programs nationwide.

THE BLOOD IT
IS FLOWING OUT
OF MY BODY
THROUGH LITTLE PLASTIC
TUBES. THE
BEAUTIFUL
CELLS ARE
VIBRATING
AND STREAM-
ING FROM
ONE BEING
INTO ANOTH-
ER CARRYING
THEIR
RIOT
OF
ENERGY

All illustrations are taken from crayon drawings made by donors in the canteen area after giving at blood drives run by the Volunteer Projects Blood Program at the University of Illinois at Urbana-Champaign.

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FOREWORD

Before you start reading any other section of the manual, several points must be made about the nature of this manual and the way it was written:

a. This is a reference manual -- don't feel obliged to read it from cover to cover. Look at the table of contents and see what sections you are particularly interested in and just go through them. If there are any terms that are unfamiliar to you, that may have been defined in sections that you won't be reading, look them up in the definition list in Appendix P.

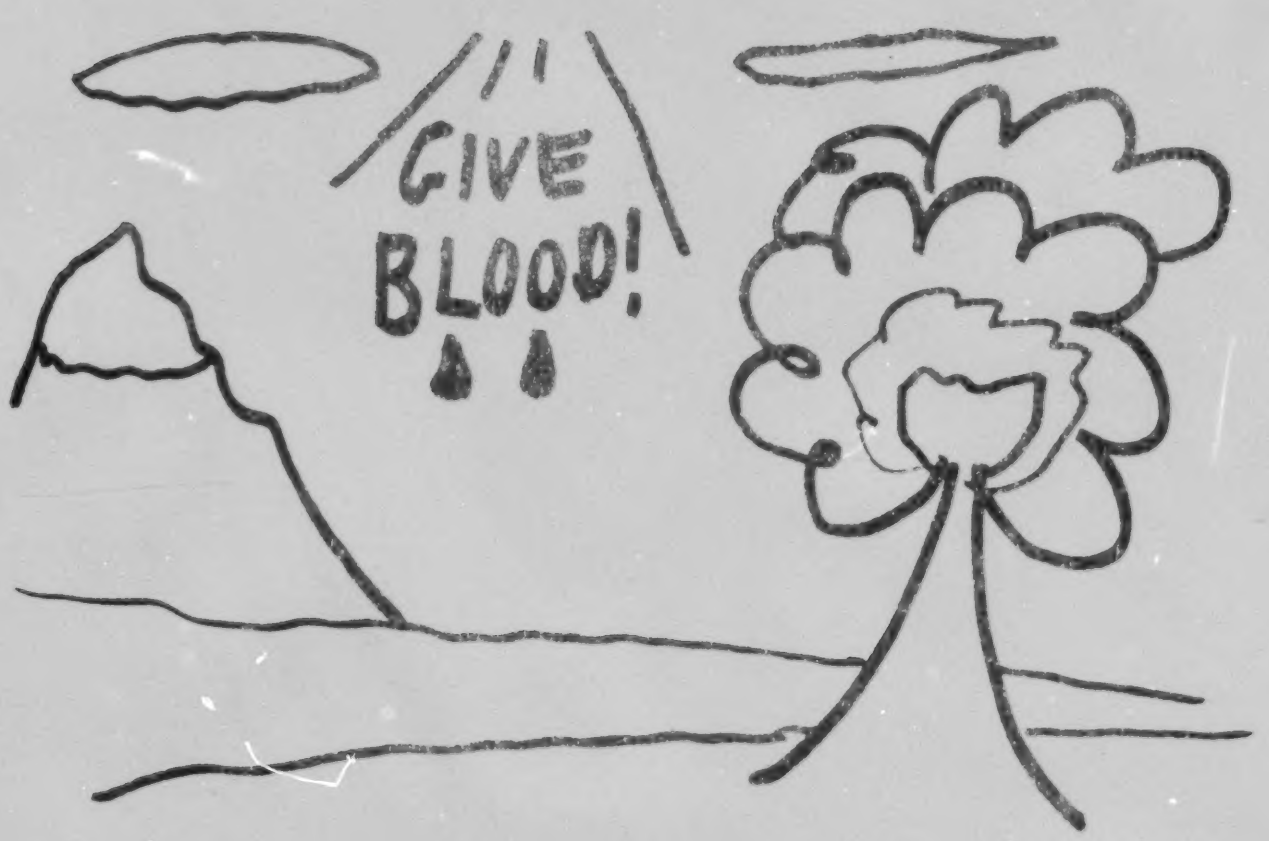
b. For the sections that you do read, you don't have to follow what is written there word for word. Though the manual was written to be applicable to any campus, some of the suggestions contained herein may be peculiar to the bureaucracy at the University of Illinois while others, not included, may be needed for your own campus. Also the organization of the blood program contained in this manual is not the only possible one for a successful program. You can use your own creative skills to organize a program for your own campus, using this one as a model or reference.

c. Since the Red Cross will frequently be the drawer on campuses, this booklet has been written with the intention that the Red Cross will be the drawing agency at the central campus drives. With a few minor modifications the description can accomodate any other blood drawing agency. Also, there are numerous differences in the operations of the various Red Cross Blood Centers, so even for a Red Cross Blood Center there will be differences from this manual.

d. A large emphasis in this manual is made on having dormitory blood drives. The reasoning for this is that students donate often in their dorm because of peer influence and convenience. They know that they are near their rooms if they should have a reaction, or want to get a book while they wait. The atmosphere is more informal, and they can witness the procedure for drawing blood and see how relatively little it hurts. As an added advantage, there are many first time donors in these dorm drives and these people can add significantly to the donor population bases.

e. In describing the procedures for running a dormitory blood drive, it is assumed that a smaller blood drawing agency, other than the Red Cross, will handle this. In our experience dorm drives only produce approximately 60 pints a day for a three day drive, at most 100 per day, and the Red Cross may find this uneconomical. A small or flexible agency such as a local blood bank might not have as many expenses in setting up a dorm blood drive. (Our dorms have about 1000 residents.)

f. One final word: if you are attempting to organize a blood program (that need not be as elaborate as the one described in this manual) DO NOT MAKE A HALF-HEARTED ATTEMPT. You must be sincere about organizing it. You will have to see many people in your university to get the needed approval and cooperation to set up your program. If they see that you don't really care if the program gets off the ground, they will not take the time to be as eager or cooperative to help you. Also, there usually will be organizations and persons already involved in some way or with experience in blood collection programs; these people will have something to offer and may want to help you.



Note on Language:

If you have already gone through and skimmed the manual, you may have come across two words that you've never seen before and probably won't find in a dictionary -- te and ter. Te is equivalent to he/she and ter is equivalent to his/her and him/her. In the course of writing this manual we found that him/her or he/she were very awkward to write -- let alone read so I adopted the above genderless words. Getting used to their meaning and function in a sentence won't be too hard if you subconsciously think of te as being "he" and ter as being "her" -- each gender getting represented equally in the use of pronouns.

INGREDIENTS FOR SUCCESS

What are the essential ingredients for success? Student interest in the blood collection program; administration support; a flexible and knowledgable blood bank recruiter: without all of these, the program

While every situation is somewhat different, several features of the blood programs we are familiar with seem important:

The program should be run by students who help arrange the dates for the drives, recruit and organize the student volunteers, and recruit donors from the student, faculty, and staff population; this is in contrast to a program run essentially by the drawing agency that recruits volunteers from the campus. Placing more responsibility in the student staff jobs in the blood program will make them much more rewarding; it means more people available for the task at hand; it means better reference with other students and it means more access to the campus resources. However, this approach does mean more work, and requires some understanding of blood banking on the part of the students.

An ongoing student organization can provide continuity for the program. Many students, especially those in the health related cirriculums are very interested in joining and working with such a group.

Emphasis should be placed on education, not motivation, in advertising. Decisions to participate in an activity for the public good should be made by well-informed individuals who feel they are making their own decisions. Playing on guilt, telling people everyone should give, or appealing to emotionalism, e.g., "this little girl would die" or "Dracula will get you if you don't give", are undesirable and unnecessary. If donors feel they have made their own decision, they will continue to give more readily.

The program must be donor orientated. Presenting the act as an opportunity, not a duty, encourages donors. Donating blood should be viewed as a valuable activity for the donor, as well as for the potential recipient. Many people like to give blood -- to help others, to overcome personal fear, etc. It should be the goal of the program to give as many people as possible an opportunity to donate -- the right to give as expressed in The Gift Relationship. (Richard Tittmus, Pantheon Books, 1971)

The blood program that you are trying to develop should encourage individuals to give for their own reasons. The need for blood should accurately be presented and donors should be invited to participate if they feel that this is the way in which they would like to help other people. Altruism is the most common motivation for donors on campuses. However, it must be recognized people give blood for a wide, almost unbelievable variety of reasons from "wanting to know my blood type" to "helping others" to "free cookies and coke." Any reason that does not adversely affect the health of the recipient or donor, or the cost of the blood, is legitimate. As a practical matter, then, no one ideology -- even altruism -- should be stressed.

Harrah!
I passed!
And it didn't hurt!

13

Now I'll give a pint.

14

GOALS OF THE PROGRAM:
A SAFE, PLENTIFUL, LOW-COST AND DEMAND-RESPONSIVE BLOOD SUPPLY

The ultimate goals of the blood program committee and the blood drawing agency are those of the donor and the recipient: to have a plentiful, safe, low-cost, and demand-responsive supply of human blood for transfusion. These are the goals of the National Blood Policy as enunciated by the United States Department of Health, Education and Welfare, and also the goals of every responsible blood bank.

College campus collections satisfy well these criteria:

A volunteer blood supply will be safe. It is estimated nationally that ten to fifteen percent of the units of blood now supplied are purchased. The greater incidence of post-transfusion hepatitis in recipients of purchased blood than in recipients of voluntarily donated blood has been established, and has received much attention. Everyone agrees a reduction in the incidence of hepatitis will be of great value. Estimates count 3,500 to 35,000 deaths annually. Other costs are distributed over tens of thousands of non-fatal cases, and these costs include the suffering of these individuals, costs of their medical care and communities loss of earnings, and other tangible and intangible externalities. Hospitals switching to an all-volunteer blood supply have witnessed a decrease in hepatitis, but such a switch can be effected only if sufficient, and this means increasing, supplies of volunteer blood are available.

A volunteer blood supply will be plentiful. Donors who learn to give blood simply because it is needed will do so when asked. Individual benefits or rewards are usually not necessary, donors can be, and are, motivated to give a great deal of blood in many locations without individual benefit. Contract donors or private assurance, really insurance, donors, who learn to give on a quid pro quo basis for blood assurance* often have no motivation to give more than required, since promised benefits to them will not increase. Appeals of altruism reach many people who would not otherwise be motivated. In our pilot project half of all donors did not know, even after they gave, that they were covered under any blood plan for future benefits; and the only benefit that was offered, blood assurance was guaranteed everyone, donor or not. Yet these donors gave a mean 2.27 pints/year and 20 pints/hundred population/year for an annual total of 7,000 units. The demand nationally, about 4 pints/hundred/year, can be met in large part by responsive campus populations.

In fact, many blood banks draw assurance plan donors once a year or even every two or four years, and at least one blood bank boasts that its donors are drawn only every four or five years. The argument for such an approach is basically that everyone should give blood, implying that blood is a heavy burden that must be borne, and hopefully spread out so it is not borne too heavily.

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* (See Appendix C, Blood Assurance)

This view, and the underutilization of donors it leads to, is not tenable in our current situation because blood is still in inadequate supply, so more units should be drawn, not less, and empirical evidence demonstrates clearly that many donors receive strong personal satisfaction from their donation and are positively motivated to continue.

A volunteer blood supply will be low-cost. Recruiting donors should be less expensive than buying blood. In Urbana, donors a few years ago were phoned in and paid $25/pint. In the current all-volunteer program, the cost is perhaps $2-4/pint. These savings to the blood bank help keep down the cost of blood. Recruiting altruistic donors is effective because they are usually frequent repeaters. Elimination of non-replacement fees for covered group members can reduce a patient's bill for blood. A plentiful blood supply will result in fewer emergency drawings; less outdating wastage resulting from less hoarding behavior; less technician time spent in solicitation, etc., all of which can help keep down the cost of blood.

A volunteer blood supply will be demand-responsive. Donors giving according to need will come in when called upon -- indeed, many feel quite special when called. An emergency call is an opportunity, not a demand; among donors who are rewarding themselves, it is not a burden. Furthermore, education is effective among college students and the donors will be expecting special appeals in July/August and during December-January holidays, when blood supplies are least in balance with demand. Weekly 'blood donation dates' can possibly be conducted.

THESE FACTS ARE ESSENTIAL:

① Blood can be stored only 3 weeks. Therefore frequent blood collections are highly desirable

② Each donor can give five or six times per year. Most don't realize this

TELL THE DONORS

I LIKE TO GIVE BLOOD THEY GIVE YOU COOKIES!

—(ookie Monster)

WHY ARE COLLEGE CAMPUSES SO IMPORTANT?

The populations of college campuses have a number of characteristics which greatly facilitate blood collection programs:

- Yet colleges and universities throughout the country are underutilized. Increasing existing blood programs on campuses will help meet the increasing need for safe blood. Currently, perhaps 8% or so of blood collected comes from the campuses. We feel much more than this amount can be provided from the 10 million college students.

- 56.4% of eighteen and nineteen year olds were in school in 1970 according to the Federal Census. Almost all of these are in college, in addition to a number of seventeen year olds and some others who begin college at later ages. Thus, over a period of years, a majority of all people in the United States can be reached via campus programs.

- College-age people are healthier than the general population, hence more often eligible to be donors.

- Flexible schedules facilitate donations with minimal loss of work time.

- Population concentration and campus media help optimize advertising effectiveness.

- Altruism among college students is well-established; it is the dominant motive in the pilot project.

- Students are just coming of age to give; in the presence of student-run, highly visible program, blood donation, like voting and driving, can be looked forward to as a 'ritual of initiation', becoming quite accepted.

- Preliminary research indicates 45% of all donors gave their first pint between the ages of 18 and 22.

- A 'ripple effect' is predicted. That is, after a person donates blood once or twice he is much more likely to donate in the future than a person who is currently a non-donor. Since the act of giving influences later acts of giving, that is, inflates the expected lifetime donation distribution for an individual, it is most effective in terms of total expected future units per recruitment dollar to spend that dollar on the youngest eligible population. This point is crucial -- like Britain, the United States is still relying upon WWII donors, and it will not be too much longer before their ranks will be depleted.

Giving Blood
HURTS

so much...
that hundreds of your classmates
have come back to give two, three,
even four pints this year.

1200 pints to go
to our goal of
6000 for the year

LAST Blood Drive
this semester

20

21

APPOINTMENTS:
VIP at 333 - 1020

ILLINI UNION
MON., TUES., WED., MAY 7, 8, 9

THE SIGNIFICANCE OF ALTRUISM

There is a major goal toward which a voluntary blood system can contribute -- altruism in this society. The issue of freedom to behave altruistically and the role of social policy instruments in extending and safeguarding that freedom is central to a blood collection system. The social value of an individual's moral choice to give freely, not to sell, and the role of agency and governmental policy encouraging or discouraging such moral choices is the theme of The Gift Relationship by Professor Richard Titmuss. No understanding of the blood collection system as it exists today in the United States and as it could exist is complete without an understanding of this book.

D. Mac N. Surgenor recognized in his article, "Human Blood and the Renewal of Altruism" that "our policy on blood donation must be social policy in Professor Titmuss' terms, not scientific or economic policy."

Dr. Aaron Kellner, the Director of the New York Blood Center, has called attention to what may be a far more urgent social and moral force for altruism, namely, the likelihood of a pending breakthrough in tissue transplantation: "Surely we do not wish to bring human kidneys, eyes, lungs, livers, and hearts into the marketplace!"

Kidney transplants are made now, and each transplant, of course, requires a donor. But it is now unwritten policy at a transplant center not to accept a kndney from a donor who is unrelated to the patient. Altruism is not accepted as a legitimate motivation, despite the finding that donors who sacrificed a kidney before the ban continue to have a higher self-esteem, even in cases where the grafted kidney has ceased to function or the recipient has died, and the donors did not expect or want any reward other than that of a personal nature. Yet kidney donors are now denied the right to give.

Titmuss argues convincingly for a right to give. He shows that stifling altruism can lead to social evils. The hepatitis risk in paid blood is believed to be primarily a result of the lying of paid donors in answer to medical history questions. What is the social cost of system that encourages people to be dishonest?

> "To coerce a man is to deprive him of freedom. Yet, as (The Gift Relationship) has shown comparatively, private market systems in the United States and other countries not only deprive men of their freedom to choose to give or not to give but by so doing escalate other coercive forces in the social system which lead to the denial of other freedoms (and maybe life itself) to other men who biologically are in no position to choose -- the young and the old, the sick, the excluded and the inept as well as the sellers of blood." (Titmuss, 1971)

Without a renewal of citizen participation in modern health care its costs can be expected to continue to rise along with peoples alienation from and resentment of health care agencies; blood donation is a very necessary and concrete citizen participation.

Blood donation can be considered a good arena in which to develop models of altruistic behavior; the experience of kidney donors shows that such a model already has other applications.

IMPORTANT TELEPHONE NUMBER LIST (ABBR. ITNL)
(NAME AND TELEPHONE NUMBER)

		Name	Phone
1.	Representative from the agency(s) that will be drawing on your campus.		
2.	Person in charge of recruiting and contacting local Red Cross Volunteers.		
3.	Head of local Red Cross Chapter.		
4.	Head of local blood drawing agency.		
5.	Person in charge of reserving rooms in central campus building (student union).		
6.	Person in charge of reserving rooms in other buildings on campus.		
7.	Person to talk to concerning the set up of chairs and tables for the drive in the central campus building.		
8.	Person to talk to concerning the set up of chairs and tables for the drive in other buildings on campus.		
9.	Person from whom refreshments should be ordered for central campus drives.		
10.	Person in charge of campus parking. Often parking permits are needed for the blood drawing agency staff.		
11.	Person in charge of student health service. Need to keep this person informed of all the blood drives so that te can have a doctor on call.		
12.	Emergency room at student health service.		
13.	Doctor on call for blood drives.		
14.	Ambulance firm.		

This is needed in the case of a severe reaction to giving blood or an accident.

		Name	Phone
15.	Person in charge of the central campus building. Perhaps this person could donate or give a discount on refreshments or priority for room reservations.		
16.	Student newspaper. Try to get one contact for publicity.		
17.	University mailing center. This would be used for volunteer and donor mailings.		
18.	Stenographic bureau. Such a service would be used for making flyers and letters to donors.		
19.	Publicity agent for university. This person could help publicize your blood program throughout the state and give recognition to the donors.		
20.	University car pool. A car or van to take people from the drive site to the drawing agency may be needed.		
21.	Any advisors to this blood program.		
22.	Head of university student housing. This person usually must give permission for drives in the dormitories.		
23, 24.	Resident Directors and blood drive director of every dormitory and the cafeteria in each dormitory. Need to communicate with Resident Directors and the cafeteria food service in each.		

Dormitory	Resident Director	Blood Drive Director	Phone

	Name	Phone
25. Director of blood program.		
26. Volunteer Relations chairperson.		
27. Logistics chairperson.		
28. Donor Relations chairperson.		
29. Publicity chairperson.		
30. Computer Services chairperson.		

Other names and numbers you will need:

31.		
32.		
33.		
34.		
35.		

Note:

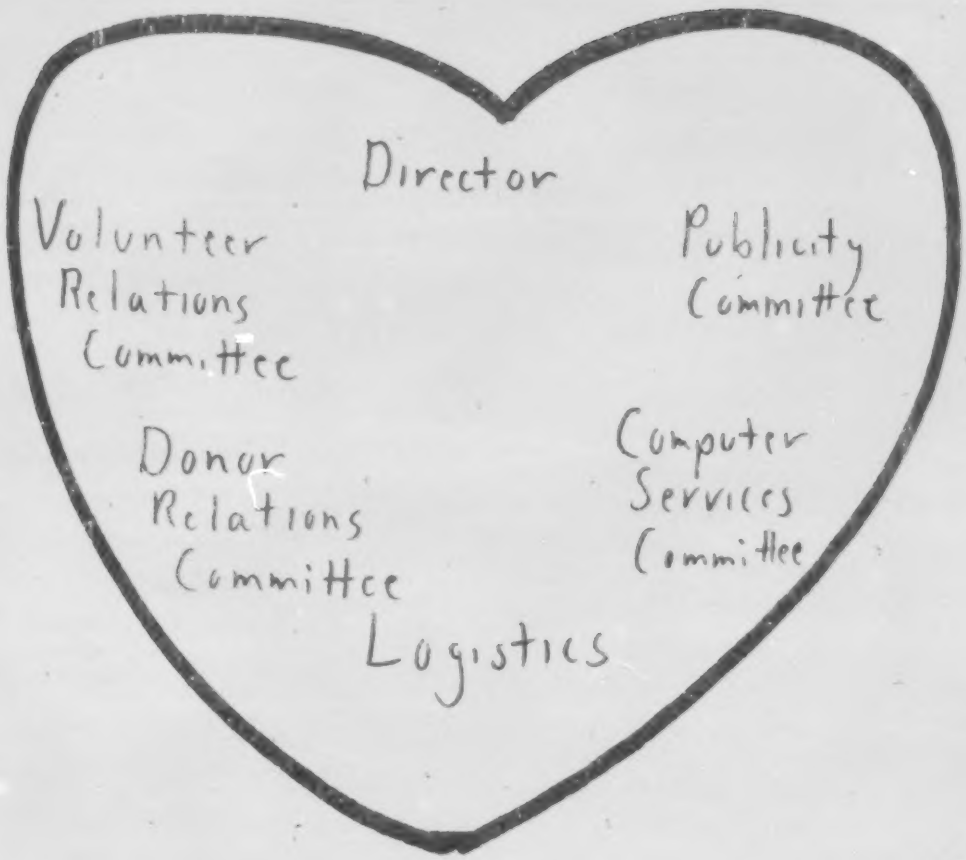
Putting all the names of your contacts and their phone numbers in one place will probably save you time; you can photocopy these pages for use by others in the blood program.

ORGANIZATION OF THE STUDENT BLOOD PROGRAM COMMITTEE

A large blood collection program will require a staff and a lot of volunteers. This section was written with large campuses, say 10,000 or more students in mind. Persons from smaller campuses will get an idea of the functions that need to be performed, but probably will not want or need so many committees. The committee names and titles, of course, make little difference.

A. BLOOD PROGRAM DIRECTOR

This person is the key person in the operation of a blood program. The Director is responsible for all the annual planning of the blood program and once the program is underway te must hold regular meetings with and check-up on all ter committees to make sure they are doing what they should be and experiencing little difficulty. Te is thus ulitmately responsible for the success or failure of the blood drives.



B. BLOOD PROGRAM COMMITTEES

There are five functions that are necessary for a highly efficient blood program. They are:

Volunteer Relations
Donor Relations, including Research
Logistics
Publicity, including a Speaker Bureau
Computer Services, including a newsletter subcommittee

Their descriptions follow below. (Computer Services is not essential if you cannot get computer time. Its alternative will be discussed at the end of this section.)

1. Volunteer Relations committee

This committee's primary responsibility is to contact, recruit, and coordinate the volunteers for the blood drive. This includes:

a. Contacting and recruiting new volunteers at the beginning of the semester (methods for doing this are discussed in the next section under 'Volunteers').

b. Contacting and recruiting new volunteers throughout the year.

c. Keeping track of all the volunteers and how many hours they work (to be used for volunteer recognition at the end of the year).

d. Keeping volunteers informed of the time, days, and location of the blood drive by means of a volunteer manual or a newsletter or both.

e. Giving feedback to the volunteers as to the success of past drives.

f. Calling and scheduling volunteers before each drive.

g. Supervising the volunteers at the drive.

2. Donor Relations committee

This comittee's responsibilities are to recruit donors for the drives by personally or individually (i.e., by mail or phone) communicating with old donors: by encouraging additional pints from them and

asking them to recruit new donors. In addition, this committee tries to provide as many services for the donor as possible. All these responsibilities include:

a. Sending letters to all eligible donors with the dates and location(s) of the drive, asking them to give blood again, and asking them to help in the recruitment effort by asking their friends to give.

b. Calling and scheduling donors for each drive.

c. Updating the medical eligibility sign and sheets (if necessary).

d. Keeping lists of donors, temporarily disqualified donors, those donors who have experienced discomfort, and those donors who made appointments but didn't keep them for communication purposes after the drive.

e. Handing out questionnaires to donors, perhaps annually, regarding their motivation, their opinions of how the drive is being run, etc. in the canteen area. This is the responsibility of the Research subcommittee. (See Appendix J for an actual questionnaire and its results.)

f. Having a person analyzing the statistics from the drive such as number of first time donors, number of permanent rejects, etc. (see Appendix N). This is another responsibility of the Research subcommittee.

g. Keeping a complaint box in the canteen area and with the help of the Director answering the complaints.

h. Providing educational material and information to both donors and volunteers concerning areas of blood collection, and any other pertinent information on blood.

i. Being in charge of distributing and collecting Christmas and summer pledge cards (see Vacation Pledge Cards for more information on this).

j. Mailing to donors their Red Cross blood donor cards and those of any other blood drawing agency that you may be working with.

3. Logistics committee

The primary concern of this committee is the physical arrangements of the drive. This includes:

a. Reserving rooms for the drive.

b. Ordering refreshments.

c. Ordering parking permits.

d. Getting loaders and unloaders.

e. Giving the telephone numbers of a doctor on call and an ambulance firm to the head nurse or head technician at the drive.

f. Making arrangements for a car or van to transport donors, if necessary.

4. Publicity committee

This committee is concerned with recruiting new donors directly and using "public" information to primarily recruit new donors and secondarily remind old donors of the upcoming blood drive. This includes:

a. Using as many of the possible types and kinds of media to publicize the blood drive.

b. Getting the total pints collected every day during a blood drive to the newspaper for the next day's publication.

c. Talking to organized housing such as fraternities, sororities, and dormitories about the giving of blood, what blood is used for -- generally educating potential donors. This is the responsibility of the Speaker's Bureau subcommittee.

5. Computer Services committee

This committee helps the other committees with maintaining their specific lists of people (donors, temporary rejects, etc.). This includes:

a. Computerizing the name, donor number (often the social security number), blood type, and donation date of:

1) Donors

2) Permanent and temporary rejects

3) Persons who didn't show up for their appointments

b. Computerizing the volunteer's name, donor number, and number of hours worked.

c. Making up mailing labels or phone lists for any desired group or subgroup of people that any of the other committees may want.

d. Helping the Research subcommittee of Donor Relations with any lists of people they may need for statistics purposes.

e. Producing newsletters and specific blood drive announcements for the other committees. This is the responsibility of the Newsletter subcommittee.

6. Alternatives to Computer Services committee

If you cannot get ahold of computer assistance in storing and updating the lists that the Donor Relations and Volunteer Relations have, these tasks will have to be undertaken by those committees themselves. This means that those two committees will need more committee people not only to update and store volunteer information, but also to hand address envelopes any time a mailing must be made. However, many programs do not make mailings although we have found them highly effective.

The Newsletter subcommittee in this case can become a committee by itself.

C. SELECTION OF DIRECTOR

The first thing to do in preparation for the upcoming year's blood program is to select the director of the blood program. If the upcoming year is the first year for your blood program then anyone who is organizing it could, upon mutual agreement with all others organizing the program, become the director, but if the blood program has been in operation for a while then the procedures following might be utilized in the selection of that director. It is necessary that any procedures claimed for selection of directors and chairpersons both be understood by the volunteers and actually followed. This is just fair play.

Generally only the committee chairpersons or their committee people will apply for the directorship. The Director should have no problem evaluating any chairperson's performance in the past year, but the committee members' evaluation might be more difficult since the Director probably will not have had direct contact with them. For these applicants, te must rely on the committee chairperson's evaluation of how involved each candidate had been throughout the year and how te interacted with the other committee members.

It would be highly desirable, for the blood program director to have as many of the following characteristics as possible:

1. Must be a person who likes to organize (the first few years of your blood program will need a lot of it).

2. Must be prepared to devote considerable time to the program.

3. After the program runs for a few years, should be a person who has been familiar with the program and actively involved in it.

4. Must be authoritative, yet must be able to work well with ter committees.

5. If planning on summer drives, should be willing to stay on in the summer to organize the summer drives.

6. Must be self-confident and responsible.

New director should be chosen by February so that the dates for the next year's drives can be decided by the end of March. It is also important to choose these drives early so that room reservations can be made in the student union or wherever you are holding your drives.

The new director must take time to plan any changes te may want to make the following year. Te should learn as much as possible about blood programs, redefine the committees, if te wants, assemble a staff for the following year, and find volunteers for any summer drives.

D. SELECTION OF COMMITTEE HEADS AND MEMBERS

When choosing committee heads, the Director must look to the person's interest and past experience in the areas related to the committee te chooses. Almost everyone who expresses a desire to be a committee member can be put on a committee since there are always people who unfortunately lose interest in their committees because of classes, tests, etc., as the year progresses. It is important that the committee be measurably larger to account for this, although it may initially be somewhat more difficult for the committee head to coordinate ter members.

The committee heads should discuss what their committee goals and tasks are with the Director first and then with ter committee members. Though committee heads should be responsible for their committee members and their tasks, the Director must take the final responsibility for what is not done. It is therefore important to have a strong leader as a committee head. Te can relieve a lot of the director's burden. If the committee head lacks confidence or is not responsible enough, the Director must maintain sufficient contact with that individual and ter committee to insure that the tasks it is supposed to do are done. If this continues for any length of time, the best procedure probably would be to find a new committee head.

It is important to get younger class members involved in the committees, so that it will be easier to organize committees for the following year. By the end of the year, there should be several younger staff members being trained so that they are capable of carrying out all of the blood drive tasks efficiently and perhaps even better than the previous year.

E. VOLUNTEERS

When you start your blood program at the beginning of a semester, you will, or at least should have, the first drive during the first week of classes. But this poses a problem -- where are you going to get the volunteers for it? Unlike the other planning for the blood program, volunteers cannot be arranged for the semester before the program starts since students won't have any real idea of how hard a course load they will be carrying that next semester and therefore will not want to commit themselves to working with the blood program. If you want volunteers, you must be prepared to get them during the registration period of your university, usually the week before classes start (and hence also a week before the drive). You could do the following:

1. Talk with your university administration the semester before and ask them for permission to have a table at a strategic location in your place of registration (e.g., a place where all the students must enter or leave).

2. Put together a "volunteer manual" the semester before. An example included in Appendices. This manual should include:

a. The times, dates, and locations for all the drives.

b. A detailed description of all the positions students may fill for both Red Cross drives and other blood drawing agency drives you may have.

c. A description of the blood program and perhaps what you are trying to accomplish with it. Any benefits to the university community such as "blood assurance" should also be discussed. (Blood assurance is discussed in Appendix C.)

d. A procedure for the volunteers to call your blood program office before a drive to volunteer to work. This calling should take place at least five days before a drive so that in case there aren't enough volunteers the Volunteer Relations committee can start phoning some more volunteers.

3. Make up a donor eligibility sign (see Appendix D) and a sign saying something to the effect of "Register here, volunteers and donors, for the blood drive to be held at the Union from Sep 3 to Sep 5 from

10:15 a.m. to 4:15 p.m." Place the donor eligibility sign next to your table at the place of registration. A lot of people who really wouldn't want to ask anyone behind the table about donating, lest they be pressured into signing up, will read the sign just to see if they would be eligible to give. If they are eligible, and not too scared, they might show up at the drive as "walk-ins".

4. Get some people who are interested in organizing the blood program (e.g., chairpeople, director) to sit behind the table. They should do several things:

a. Answer any medical questions the potential donors may have that aren't answered by the sign with the more extensive donor eligibility guideline sheets (see Appendix E).

b. Sign up volunteers for the drive using the volunteer schedule sheets (see Appendix F) and give them the volunteer manual.

c. Sign up any volunteers who would like to work on any of the committees that you will have.

d. Sign up donors using the donor schedule sheets (see Appendices F and G) and give remainder slips telling dates, times and place of donation.

Blood Donors and Volunteers
Register Here
for the BLOOD DRIVE
Wed, Thurs, Fri
Sep 3, 4, 5
Student Union
10:15 AM to 4:15 PM
Sponsored by VIP

CENTRAL CAMPUS DRIVES

A central campus drive is what we call the normal blood drive -- a big, 100-300 unit a day mobile operation set up in a gym, student union, or other central campus area that has high traffic and high visibility.

A. ANNUAL PLANNING (CENTRAL CAMPUS DRIVE)

1. You should start planning in the first few weeks of the semester preceding the semester in which you wish to start drawing donors. In setting up the drawing dates good communication is extremely important. Make sure that all affected and interested parties are represented when the blood drive dates and other specifics are decided upon. In particular this should include the representative of the Red Cross whose number you may have written down on the Important Telephone Number List (ITNL #1) the person in charge of recruiting the local Red Cross volunteers (ITNL #2), the Director of (or the person trying to organize) the university blood program (ITNL #25), and any interested persons who want to be involved in the program. The names and phone numbers of these people could already be gathered and entered in the telephone list. All dates should be agreed upon to some large degree of satisfaction by all involved and should be confirmed in writing, if possible, among all the parties involved.

a. When selecting dates, the following factors must be taken into consideration:

1) Try to have a big drive every month to give donors frequent chances to donate. Also large drives are essential to maintain program visibility, and blood agencies need a steady supply of blood.

2) Since donors are eligible to give blood eight weeks after they have last given, drives might be spaced so that the donor pool that gives at the first drive is eligible to give again at the third drive, and so that the second drive donors are eligible for the fourth drive, etc.

3) Student schedules (holidays, vacations, finals, etc.) must be considered. Exam weeks and periods when students are not present are obviously poor drawing dates; also the several days immediately preceding vacations are poor dates.

4) Try to provide blood drives at times when blood will be especially needed (before holidays, etc.).

5) Two and three day drives near the end of the week are the best (weekdays only). The second and third days of a drive are generally better since publicity by word of mouth builds up pint donations.

6) Availability of the bloodmobile site must be also considered; but this should be no real problem if you start planning a semester ahead.

b. When trying to find a suitable location for the drive, several factors must be considered, such as: campus student traffic, centralized location, visibility and availability of site, size of rooms (must be large enough), facilities, atmosphere (temperature regulation, pleasant, well-lit, no bugs, etc.). Some minor considerations are: ease for loaders and unloaders (are there many stairs?), parking spaces, and a nearby telephone for emergencies, communication purposes, and appointments. See Appendix K for a complete checklist of considerations.

Ideal places are rooms in the student union, a well-lit gym, or any other large room with the above characteristics near the center of student activity during the day. Location is very important for a successful blood program. Both volunteers and donors shouldn't have to go too far from their normal traffic pattern to participate in the program.

c. In terms of goal (desired number of pints to be collected) for each drive, this depends tremendously on where you decide to have the bloodmobile, the effectiveness of your publicity, as well as a host of other variables. If you have never had a drive at a particular location, let the Red Cross make a guess as to how many pints they could draw after they analyze any facts that you can give them about student traffic by the location as well as the location's visibility. Only after the first year of operation could you get a feel for the number of pints that could be collected at a particular location taking into account variables such as visibility of site, traffic by site, time of academic year (papers, terms, finals), and even the seasons of the year.

d. Times for the drive must also be decided upon. This will have to depend upon the traffic pattern in the building that you're in. Having a blood drive in your student union last through 6:30 p.m. when most of the students leave 4:30 p.m. to go home to eat dinner would of course be foolish. Times are again a matter of experience, but our experience was that from 10:15 a.m. to 4:15 p.m. are just about the best for our drives. The rationale for starting 15 minutes after the hour is that classes usually end at 10 minutes before the hour and this extra 15 minutes gives donors and volunteers 25 minutes to reach the bloodmobile site at the beginning of the drive. Also at the end of the day, the extra 15 minutes will mean that more donors will have a chance to get to the bloodmobile site after their 3:00-4:00 p.m. classes end and give blood. Some agencies may be willing to draw longer hours or be flexible.

e. When you have the meeting with your blood bank representative, make sure that both of you tour the facility in which you will be setting up the bloodmobile and have that person sketch where he would like to have the different stations and also have her give you the number of tables and chairs, waste cans, and coat racks that he would like to have. Take this plan, make a few xeroxes, keep a couple copies for yourself, and give a copy to the maintenance staff that will have to set up the chairs and tables (ITNL #7 or 8).

f. Talk to your blood bank representative and see what they will supply for each drive in terms of coffee, juice, punch, cream, sugar, cookies, pretzels, hot and cold cups, napkins, spoons, etc. If

Give
Blood -
Be Nice
to
Somebody.

the campus administration or student union will not provide them free. Different agencies will have different preferences as to what they can conveniently and cheaply bring and what they would like the campus to provide.

Also ask the agencies what positions, such as medical history, canteen worker, etc., on the bloodmobile will be provided for them. Some of these positions can only be done by the nurses that a local Red Cross chapter tries to recruit. The other ones can be done by college volunteers.

g. Drawing agencies have many aids to help you attract donors to the bloodmobile. Inquire about them. Some of these include such things as many different multicolored posters, fliers, and even newspaper inserts that can have your entire schedule of drives printed on them.

The Red Crosses, and some other agencies also, also have many nice little things for a donor after te gives, like "Be nice to me, I gave blood today" stickers, little blood drop pins, and for the more experienced donor, gallon donor pins, and decals. This all may seem trivial, but it serves an important purpose. It gives the donor recognition for what te has done and it also publicizes the drive.

h. Talk to the blood bank representative about a "blood assurance" plan for your university community (see Appendix C). In brief blood assurance means that if any member of your university community (students, faculty, or staff) or ter immediate family receives blood, te will not have to recruit donors to replace the pints used or pay a replacement fee. Depending on how many pints you can expect to draw, the coverage could even be extended to the larger family of the university community, say, retired faculty and staff.

i. Reservations for the rooms that you would like usually must be made very far in advance. If you want a room in your student union, chances are that a lot of other groups and organizations would also like to have them. But since you have six or seven months before your first drive, chances are that you will be first in line for the rooms. Contact the person in charge of reserving rooms in the building that you will be drawing in (ITNL #5 or 6) and make your reservations.

j. Now is not too early a time to think about providing refreshments. If you can talk to the person in charge of your union (ITNL #15) and tell ter of your plans for the blood drive, perhaps te may provide all your refreshments at a discount or even free from the union's food service.

In any case ask the person the procedure for placing an order for the refreshments for the drive. Get the name of the person responsible for placing your order and ter phone number (ITNL #9). To give you an example of how much has to be ordered the following is the amounts and kinds of refreshments needed for a drive that expects about 200 donors:

5 gallons coffee
10 gallons ice water
10 cases of 28 oz. Coke
100 dozen cookies (4 cookies per donor. Most are eaten by volunteers!)

Don't forget to order also hot and cold cups, napkins, spoons, cream and sugar.

k. Talk to the person in charge of parking (ITNL #10) and see if you can get some agreement to get special parking permits and parking places designated for the nurses at the drive. Often the nurses don't know the area. They will have a hard time finding parking places and they won't be able to run out to feed the parking meters before the meters expire.

Also see if you can get permission to get the Bloodmobile truck parked somewhere outside the building and in the thick of the student thoroughfare, this is great publicity for the blood drive.

l. Once your blood program is in operation, you are going to have to have some room where you can store all the records of your program, the signs from the drive, and many other miscellaneous things, and a phone that interested donors and volunteers can call to make appointments and from which committee people can call donors and volunteers. This phone number should be a stable one as many donors will remember and use it. The importance of appointments is discussed in the introduction and in Appendix B.

m. The head nurse at the drive will ask you for the phone number of a doctor on call and an ambulance firm. An ambulance firm will probably be no problem, but finding a doctor who would be on call may be harder. Check with your health service and see if they can help you or with neighborhood hospitals if they would be willing to offer such a service for your program.

n. Talk to the administration of your university and see if they would let you have some computer time and space to store all the various data, listed in this manual, that will make for a fairly sophisticated blood program. Discuss the blood program primarily in terms of community service. The administration may well be interested in blood assurance as well, as this is commonly seen as a fringe benefit. The software for the type of filing you will need to do is described in Appendix L. The Appendix also describes where you can write to obtain the software programs.

2. Physical set up at the drive (large Red Cross mobile):

a. A brief list of the stations and what is done at each is below (a more extensively described list is in a later section).

1) Receptionist -- registers all donors, answers questions on eligibility to give blood, handles donor flow, registers volunteers, and shows volunteers who to go to to be assigned and explained jobs.

2) Typists — fill out registration form for donor.

3) Temperature takers -- take temperature and weight.

4) Blood pressure (performed by local Red Cross Chapter volunteers).

5) Medical histories (performed by local Red Cross Chapter volunteers).

6) Bottle labeling (performed by local Red Cross Chapter volunteer).

7) Escorts to donor table -- take donor and ter blood container to drawing tables.

8) Donation -- the Red Cross nurse handles this.

9) Walkers -- escorts from drawing table to canteen area.

10) Canteen area -- donor is requested to stay here and eat and drink for about 15 minutes to see if te has any reactions to ter giving blood.

11) Segmenting machine -- the tubing from pint of blood must be segmented (the Red Cross takes care of this).

12) Lab sheet typist — all donors are listed on a Red Cross tally sheet (the local Red Cross Chapter handles this, but students may also do it).

b. Equipment that must be present at each drive:

1) Typewriters -- not all Red Crosses require that the registration form must be typed; some will allow neat block printing. If done legibly, this is quieter and has fewer mistakes.

2) Pens and paperclips.

3) Name tags for volunteers and supervisors -- these help to recognize the volunteer and help the supervisor to be able to call volunteers by their first name. Also if any problems come up, the volunteers and the nurses both will know who the supervisor is.

4) All the donor schedule sheets, volunteer schedule sheets, and supervisor schedule sheets (for examples of the first two see Appendix F).

5) Donor eligibility sign with a more complete donor eligibility guideline sheet -- the sign is to be placed in front of the receptionist's table so that it attracts people. Since it tells the major eligibility requirements not as many questions will be asked of the receptionist.

6) Canteen area supplies -- magazines, donor questionnaires, crayons and paper for inspired donors to draw with (some drawings are so creative, they can be used for publicity; many drawings in this book were from canteen tables), Christmas and summer pledges, and recognition items such as "Be nice to me, I gave blood today" stickers, gallon donor pins, etc.

7) Custodian supplied items:

a) Coat racks and hangers for volunteers and donors.
b) Mop, broom, and bucket in case of accident or clean up.
c) Extension cords -- 25 and 50 foot.
d) Tables and chairs in quantities that the Red Cross wants.
e) A few large trash cans.

c. Procedures to be developed for the drive:

1) A way of labeling the stations so donors know where to go.

2) A way of keeping the donors in the order that they registered. This can be done by numbering the registration cards in the upper left hand corner from 1 to however many donors show up at the temperature station. This is especially useful when there is a backup at medical histories and some donors get stuck waiting for longer than they should while others "push" their way to the front of the waiting line.

3) A way of keeping track of volunteers and the times they worked. This can be done by having volunteers register at the receptionist's desk before and after they work.

3. Cooperation with your local blood bank during the bloodmobile.

In some locations there will be a fixed facility blood bank, either a community blood bank or the university hospital blood bank, for example, that is willing and able to draw donors during periods when the central campus drawing agency is overcrowded or closed. Generally, the facility will have to be physically close to campus, have a strong need for blood, and have a flexible, cooperative attitude to make this combination approach work.

More blood will be drawn and the donor will be convenienced if this cooperation can be achieved.

In all likelihood you will find donors who would like to give before their classes start in the morning (and consequently before the drive) and those who would like to give after their classes are over (and consequently after the drive). If you have a blood bank close to

your bloodmobile site there is something you can do to give these people an opportunity to donate their blood. Borrow a private car or rent a university car and drive these people over to the blood bank from let's say 8:30-10:15 a.m. and 4:15 to 5:00 p.m. and then promise to drive them back when they are finished.

You could also work out an arrangement with the blood bank to have donors taken over there if the drive gets so bogged down with donors that it is taking over an hour and a half for a donor to go completely through all the stations. This pre-supposes that the donor won't mind going to the blood bank, but if you tell ter that it would take less time to donate there rather than at this location (which usually will be true), then te will probably be persuaded to go.

Also, another arrangement could be worked where if the blood bank needs a particular type of blood desperately and the drive is not crowded, the receptionist could explain the situation to donors of that blood type and ask if they wouldn't mind going to the blood bank and donating there. If donors are told that their particular blood type is needed immediately, generally do not mind going to another blood bank.

4. Summer Drives.

During the summer, the university you are at has a fraction of its student population remaining on campus. This obviously affects the blood drives you may want to have -- not only in terms of the number of pints collected but also in the availability of volunteers to work at the drive.

If you do decide to hold a summer drive, you should do the following:

a. Send a letter to all volunteers 1-2 months ahead of the finals second semester telling them of the drive(s) during the summer and asking them to help out if they are planning to stay on campus over the summer. Ask them to send you their summer address and summer phone number so you can contact them later.

b. Send a letter to all donors after the last blood drive.

1) Thanking them for the donations that they have made over the year.

2) Telling them they can give blood over the summer at their home community blood bank.

3) Telling those who will be staying on campus over the summer of the blood drive(s) you plan to have. (You must write them now since a lot of people change their residence at the end of the second semester.)

c. Set up a table at summer school registration where donors and volunteers can sign up to give blood and work respectively.

Although this drive is smaller, the procedure for it is the same as it was for the regular school year.

5. Faculty and staff participation in the blood program.

Throughout this booklet, recruiting students over the course of the year and during the summer has been very much emphasized. But what about the faculty and staff that can make up to twenty percent of the university population? This segment of the population should be included. Many of them would probably like to give blood.

In discussing the faculty's and staff's participation in the blood program, mention should be made of one of the purposes of the blood program: to provide blood to responsible agencies throughout the entire year. But summer vacation and especially Christmas are times of the year when blood donations are low and only a fraction of the normal student population is on campus to help alleviate this biannual blood shortage. The answer lies in the faculty and staff. If they are actively solicited to give blood during the Christmas and summer vacation periods, they will respond very well to help avert the shortages of blood that usually occur during these times.

If your university town has a local blood bank, then perhaps a letter could be sent through campus mail to all faculty and staff telling them of the need for blood over vacation periods and seeing if they would like to be available to give their blood over these periods (an example of this letter is in Appendix O). If they would, they could fill out a coupon in the letter with their name, address, phone number and blood type and mail it to the blood program office. These pledges to give blood can then be taken to the blood bank which then calls the prospective donor at such a time as te is needed. The blood banks have been very appreciative of these pledges, since they represent a source of already committed donors willing to give blood. A very high percentage of these donors respond when called, and this helps the blood banks at the time of year when they need blood the most.

If there is no blood bank in your community, the faculty and staff can still become involved. You can have a special Red Cross blood drive just for them over Christmas and you can have them donate at the summer Red Cross blood drive along with the students. You should still send them the letter described above along with the dates and times of the drive, but instead of filling out a pledge to give blood, have them fill out an appointment for a specific time and day if they would like to donate and have them send it in to your blood program office.

6. Christmas and summer pledge cards.

Students are usually faithful donors. One problem, though, is the fact that they are often out of reach of their regular drawing agency during Christmas and summer vacation -- times which traditionally experience blood shortages. The pledge card project attempts to connect vacationing student donors with nearby drawing agencies during these critical periods.

The pledge card asks the student to give a pint of blood over the vacation in ter hometown, if called. The blood drawing agency that receives a filled-out pledge card knows that the donor is expecting to be called and willing to give if needed. The agency will have the student's most up-to-date vacation address and local phone number, as well as the dates te will be available.

The following steps summarize the most successful procedure among those we have used:

a. Cards are distributed at the canteen of each blood drive. It is best if each student is handed one individually.

b. Collect cards at end of drive -- boxes on table provide easy method for donors to return cards.

c. Sort cards -- know the geographical area covered by each drawing agency in your state.

d. Mail cards off -- make sure the agencies will receive them a day or two before students are likely to arrive in the area.

Things to watch: Some agencies may balk at having "their" donors give to another agency during the vacations. Such possessiveness cuts down the short-term and long-term supply of blood and should be discouraged.

When more than one agency is operating in an area arrange to have them share cards. Both agencies are part of the supply system, and thus both deserve help. Further, two agencies working on the same cards may result in a higher response rate from the donors.

Have the response from the donor noted on the card by the agency when the donor is called. If the donor has made an appointment, have the agency note if te shows and gives. This allows you to compile statistics to give credit to the campus blood programs and to see if enough cards are being used to make the project worthwhile.

A separate booklet is available from the Blood Donor Research Group called "Pledge Card Projects for Holiday Blood Donations." It includes sample pledge cards and posters, a full description of the project, and a discussion of our experience with pledge cards.

GIVE A GIFT THIS

HOLIDAY SEASON

THAT'S REALLY NEEDED

DONATE BLOOD

TODAY!!

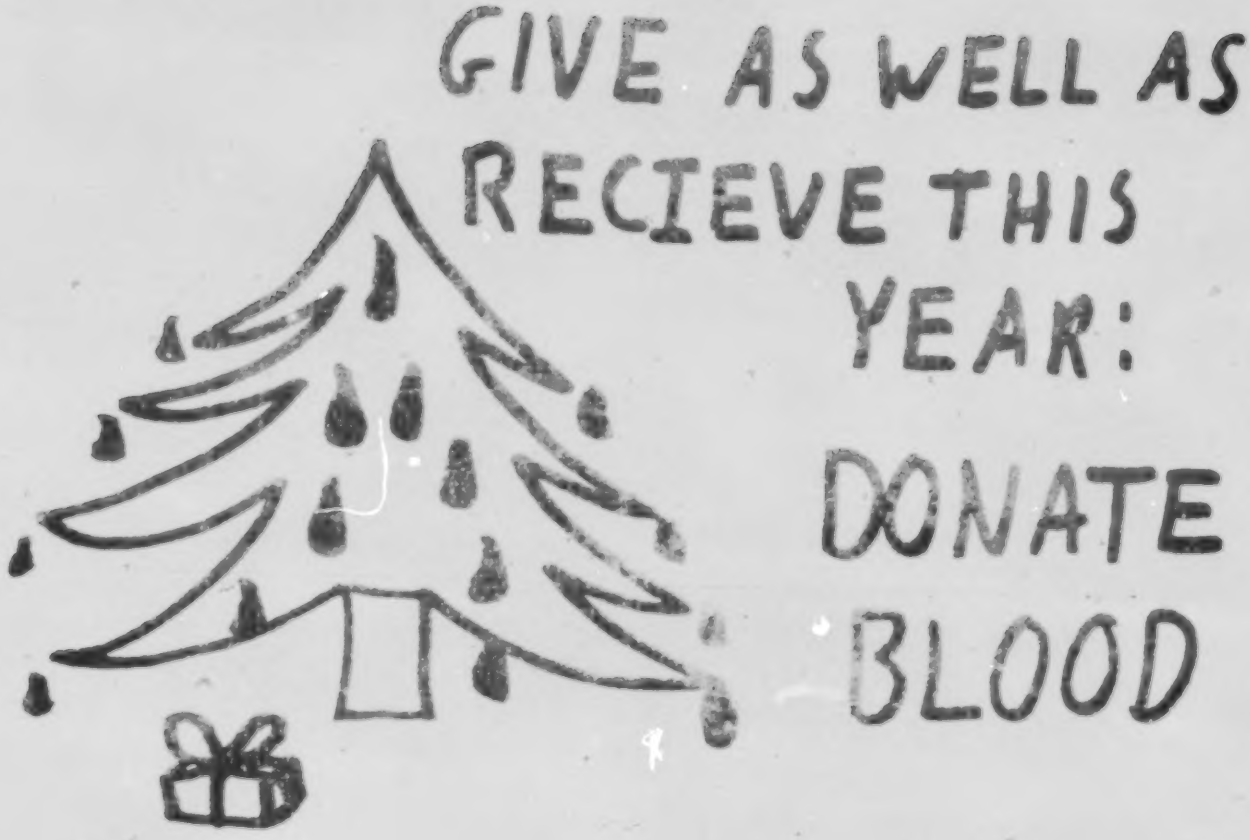
7. At the end of the year.

Thanks and recognition should be given to all who are deserving. This includes all your volunteers and donors, all of the local Red Cross volunteers, all university officials who have helped you, and any other persons and organizations who contributed their time, effort, goods, or services to the drives. This can be simply done by writing a letter to the editor of your college newspaper or taking an ad out in the newspaper.

Special recognition should be made to those volunteers who put in an exceptional amount of time for the drives and all those donors who have donated one gallon or more of blood in their blood donating career.

The new Director should have long ago been chosen and trained by the "old" one, new committee heads should have been chosen, and most of the arrangements for next year's drives should have been already made. Planning for a summer drive should have started.

The "old" Director should get together with her "old" committee heads, evaluate the year's effort and make any suggestions on how to improve the blood program to the new staff.



B. PER DRIVE PLANNING (CENTRAL CAMPUS DRIVE)

1. Things to do BEFORE the drive.

a. Logistics committee:

1) Check to see that the room is still reserved one week before.

2) Order refreshments one week before.

3) See to it that parking permits are ordered one week before:

a) For Red Cross nurses.
b) For local Red Cross Chapter volunteers.
c) For the Red Cross Bloodmobile truck to park on the central thoroughfare of campus.

4) See to it that 4 to 5 people will be present an hour and a half to 2 hours before the drive to unload the Bloodmobile truck (and also an hour after the drive stops accepting donors on the last day to load the truck up). This should be settled a couple days before the drive.

5) Make sure you know the telephone numbers of a doctor on call and an ambulance firm to give to the head nurse at the start of the drive.

6) Make sure you know where you can get all of the following a couple days before the drive; they must be brought to the drive on the first day:

Typewriters, pens, paperclips, nametags, donor-volunteer-supervisor schedule sheets, donor eligibility sign, guideline sheets, magazines, "Be nice to me" stickers, gallon pins and decals, questionnaires (if any), and crayons and drawing paper.

7) Make arrangements to get a private car or university car to drive people over to the local blood bank a week before.

b. Volunteer Relations committee:

1) Make up the volunteer schedule sheets one and a half weeks before (see Appendix F).

2) If you don't have a volunteer manual, start phoning volunteers a week before the drive to schedule them for it (see Appendix H).

3) If you have a volunteer manual, have someone sit by the phone to collect volunteer names. This job should be coordinated with Donor Relations (see Appendix H).

4) If you are not getting enough volunteers two or three days before the drive, start phoning them up (see Appendix H).

5) You could send a newsletter to all volunteers one week before the drive to recruit them or even after the drive to tell them how the drive went, to get some of the volunteers to join committees, be assigned to special projects (pledge cards), or to be recruited for the next drive (see Appendix M).

6) You should have supervisors assigned for the different times of the drive (and have only one in charge at a time) a couple days before the drive.

c. Donor Relations committee:

1) A letter should be received by all eligible donors a week to a half week before the bloodmobile telling them the particulars about the drive (see Appendix M). Once or twice a semester may be as often as this should be done.

2) Make up the donor schedule sheets 1 1/2 weeks before the drive (see Appendix F).

3) Have someone answer phones for donors to call in their appointments one to one half week before the drive. Again coordinate with Volunteer Relations (see Appendix H).

4) If the sign-ups are a little slow, then have your committee people start phoning eligible donors from previous donor lists about two days before the drive (see Appendix H).

5) Make sure the donor eligibility sign is updated (if it has to be) a few days before the drive.

d. Publicity committee:

1) The following is a list of ideas for publicity -- by no means is this list the only sources you might use:

a) Daily college newspaper. (See examples, Appendix Q)

I. Ads to be run one or two days before and each day of the drive.

II. Feature articles -- the Publicity committee can try to arrange for these; however the best way to get articles is to know people on the newspaper staff. Also inviting reporters to the first big drive helps.

III. Editorials.

IV. Letters to the editor.

V. A blood thermometer -- try to get the newspaper to give you a small area on the front page for each day of the drive and the day after for a thermometer showing the number of pints collected relative to the program's yearly goal. This means that someone must call the newspaper's office each day after the drive ends to let them know how many pints were collected.

b) Other campus newspapers and magazines, perhaps appealing to more specific campus groups, should also be utilized.

c) Red Cross can possibly print up posters, etc.

d) The Red Cross also has some recruitment films, pamphlets, etc.

e) The official school calendar should be sent the list of blood drive dates and locations.

f) If there are organizations that sponsor movies, see if they would help publicize the drive by showing a slide with the date, location and times of the drive on it right before they show their movies.

g) You can have leaflets and fliers printed up and, along with the Red Cross posters, put up in university buildings, dormitories, and stores in the campus area.

h) Leaflets can be sent to all floor resident advisors with a note asking them to post flyers on their floor and encourage their floor to donate. Perhaps this could also be done for the fraternities and sororities.

i) Volunteers could also do some publicity work. When a volunteer receives notification of an approaching drive from the Volunteer Relations committee, perhaps te should receive 5 or 6 fliers to post or distribute, and te could be asked to tell ter friends about the drive and to encourage them to donate.

j) Radio stations -- many allot a certain amount of time to Public Service Announcements. Perhaps a tape could be prepared for distribution to radio stations.

k) Blood Program T-shirts for volunteers and donors might be a means of advertising and simultaneously providing much needed recognition for these people for their contribution tothe program. The front could have the blood program insignia with the back having the person's blood type.

2) Make sure that everything that the committee decides to do is done well ahead of the drive since many of the media, organizations, and businesses have to have a minimum of a week or two to do whatever you want them to do.

3) Establish a speaker's bureau. This group of committee people will be responsible to go to organized housing such as fraternities and sororities and dorms to speak about a blood drive

coming up. This is a good way to publicize the drive and at the same time inform the donor and potential donor about some facts on blood and the process of giving blood.

e. Computer Services committee:

1) This committee will make up computer printed labels for any desired group or subgroup of people that any of the committees would want for either letter purposes or phone lists.

2) The Newsletter subcommittee will work with the Director, Donor Relations and Volunteer Relations in writing the letters to donors and volunteers. A sample Newsletter is in Appendix M.

f. Director.

The Director's role should be supervisory in nature once the blood drive is going. Te should make sure everybody is doing what they should be and if any committee is having some difficulty, te should help them out. But there are some things that a Director can only do terself such as:

1) Talk to the person in charge of the local Red Cross Chapter volunteers to make sure that everything is in order.

2) Talk to the person in charge of setting up the Red Cross drive to make sure everything is in order.

3) Monitor the progress of the blood program and propose modifications where necessary.

4) Formulate all public statements -- policy and progress.

2. Things to do AT the drive:

a. Logistics committee -- all these things must be done on the first day of the drive before it begins:

1) Make sure that the Red Cross nurses, chapter volunteers, and Bloodmobile truck have their parking permits and are parked in their reserved spots.

2) Make sure unloaders have come.

3) Make sure the refreshments are at the drive.

4) Make sure the room is set up as it should be.

5) Make sure the university or private car has been brought to the drive and parked in its reserved spot.

6) Have someone give the head nurse the telephone number of a nearby doctor on call, the telephone number of an ambulance firm, and the location of the nearest phone (and directions on how to use it if it is a university phone).

7) Take the typewriters, paperclips, and a few pens to the typists' station.

8) Take the name tags, a few pens, donor-volunteer-supervisor schedule sheets, donor eligibility sign and eligibility guidelines to the receptionist station.

9) Take the "Be nice to me, I gave blood today" stickers, gallon pins and decals, crayons and drawing paper, magazines, and questionnaires (if any) to the canteen area.

b. Volunteer Relations committee:

1) If there aren't enough volunteers for the other days in the drive, the committee people will have to phone them.

2) Supervisor's Role -- there must always be someone present who is "in charge" and capable of answering questions.

a) A schedule of all supervisors is to be kept at the reception desk so that the check-in person will know to whom to direct any volunteers, questions or problems during the drive.

b) The supervisor is in charge of opening up the drive and closing the drive at the end of the day.

c) Te should check in with the head nurse when te begins so that te will know who is supervising.

d) Te should arrive a little early so te can talk to the previous supervisor to be informed of the situation as it exists.

e) Te should have a name tag with ter name and "supervisor" written on it and te should make sure all the volunteers also have a name tag.

f) Te assigns jobs to those volunteers who don't have one.

g) Once all volunteers have jobs, the supervisor must give each volunteer instructions on what their particular station needs to have done. (These instructions follow the supervisor's role).

h) These instructions should be given to the volunteer each time; it is very easy to forget the details of what must be done for each station even if the volunteer has done the task the day before.

i) Te helps the receptionist keep a list of who worked and for how long. This could be used at the end of the year for volunteer recognition.

j) Te must make sure that the flow of donors doesn't get bogged down in any one help in the congested areas.

k) Te should always remain cheerful and courteous to all volunteers, nurses, and donors. Te should try to encourage interaction between the volunteers and try to learn their names from their name tags.

l) If te notices that a donor has been rejected, te should talk to ter and if it is only a temporary rejection, encourage ter to come back. Often would-be donors are quite upset and take their rejection quite personally. Many blood banks use the term 'deferal' instead of 'reject'. If te is short on volunteers ask that person if te would like to spend the hour te would have donated, volunteering. If someone has been permanently rejected, make sure te understands why and suggest that te become a blood drive volunteer if te would like to help in that way.

m) Te should make sure that the donors are staying in order. To do this te may have to have a volunteer stand at medical histories (often the bottleneck of the bloodmobile) and call out the numbers that the person at temperatures wrote on their registration card.

n) Twenty minutes before the hour, the supervisor should go around with the volunteer schedule list and check to see which volunteers will be leaving, so that te will know where new volunteers will have to be placed.

o) When volunteers leave te should make sure they check out at the receptionist desk, so the time they worked can be recorded.

p) If it looks like there are not enough volunteers either see if the volunteers there could stay longer than the time they signed up for or just redistribute the volunteers you do have to cover the stations where they are needed most. The supervisor shouldn't be afraid to help out terself where te is needed most.

q) The people on the volunteer schedule sheet should be placed first; then the walk-in volunteers. Extra volunteers could be put on walking donors and talking to donors on the drawing table.

r) If the local Red Cross Chapter is short of volunteers, the student volunteers could help out (only on lab sheet typing and bottle labeling).

s) It is not good to have too many volunteers, since it is important that all volunteers feel that they are needed.

t) The donor is the major concern -- making the experience as pleasant as possible and getting ter through the donation line as quickly as possible.

u) It is good to have an overlap of old and new volunteers for a few minutes so that the newcomer has time to adjust to the task.

v) Keep communications with the blood bank open if the blood drive becomes crowded with donors.

w) At the end of the day the supervisor should fill out whatever forms the head nurse has for ter (number of donors scheduled and number of volunteer hours).

x) If there are any items outside the donor room, they should be taken inside at the end of the drive day so they won't be lost.

3) Receptionist (Check-in) (1-2 required for a drive of about 200 donors/day).

a) The receptionist should be able to answer donors' questions or at least be able to refer the donor to someone who can. (The medical questions not answered by disqualification sheets should be taken to the head nurse).

b) This person will be taking appointments for the day's drive and marking donors' names off as they arrive. Donors should then be directed to the typists. If the local blood bank is looking for certain blood types, donors with that type (who are willing) should be drawn there.

c) Donors wanting appointments for the next day(s) of the drive can have them written down on the spot, or they can be given the blood program telephone number.

d) Walk-in donors can be taken as the situation permits; this is where the check-in person's judgment is important. Too many donors taken at once will create a bottleneck inside the drawing rooms and result in longer waiting lines and frustrated donors (see Appendix G). If it seems to be crowded inside, ask the donor to go to the local blood bank, if this is being done, or to come back in a few minutes (if you think it will be cleared out then), or to make an appointment for the next day. This ability to judge the situation comes from experience at the drives, so it is generally a good idea to have a volunteer who has worked at the drives before as a receptionist.

e) New volunteers should check-in here and be directed to the supervisor. When the volunteer finishes working te should check-out here also, so there is an accurate record of the number of hours that te has worked.

f) This person will be in charge of keeping track of how many prospective donors show up at the drive on the tally sheets prepared by the Red Cross (head nurse has these).

g) When the receptionist is not busy, te can talk to people who have finished donating to get some estimate of how fast donors are getting out. Ideally, it would be less than an hour; realistically, it is usually one to one and one-half hours.

4) Typists (2-3).

If a donor has a plastic Red Cross donor card, te should go to the person at the card machine. If the donor does not have a plastic card, a typist should complete a registration form with the following information:

a) Type the LAST NAME first in all capitals, then the first name, and don't forget the donor's middle initial.

b) Type permanent address. This has nothing to do with using campus address for voting purposes. Either campus or out-of-town address can be used, although most will be off-campus. Don't forget to include the zip code!

c) Home telephone -- use the phone number at permanent address; however, the donor's local phone number should also be typed in if the donor's permanent address is off campus, so the donor can be recruited by phone, if necessary.

d) Where employed -- type "student" if student, or "faculty", etc...

e) Group identification -- if an out-of-town address was given above, but campus address here.

f) Chapter -- usually blank forms have been run through the card machine with this information along with the date.

g) Date -- fill it in if it hasn't been run through the machine. Use numerical form for date.

h) Date of birth -- use numbers, e.g. 1/5/54.

i) Social security number -- this must be typed into the "remarks" box on the right hand side of the registration form for Red Cross purposes. It must also be put into the "Replacing for" space for donor coding purposes.

j) Sex

k) The donor must sign the registration form, and any donor cards should be paper clipped to the front of the card.

l) If donor hands you a card from another blood bank, you can use this to type the basic information. Long names are easier to copy than to listen to.

m) Replacement forms are also generally kept at this table. A donor wishing to credit his pint of blood to someone else must provide the name of the patient, where and when the patient was hospitalized and the address of the patient. All requested information must be obtained so that credit for blood can be sent.

n) Typists should give the donor ter registration card and show ter where the coat racks are and instruct ter to go to the temperature station.

5) Card machine operators (1). This machine is basically like a service station credit card machine.

This volunteer is at the same table as the typists and can be an alternate typist if the drive is slower or if the drive is short on volunteers. Only Red Cross plastic cards work in the machine.

a) Make sure that the information on the plastic card is correct. If it is not and the donor wants it changed, a new card must be typed up and the old plastic card attached to the registration form with a paper clip.

b) If the information is correct, check to make sure the person has not donated within the past eight weeks.

c) Make sure the donor writes down ter local phone number, local address, and puts ter social security number in the two places mentioned in the "typists" instructions.

d) Make sure the donor signs the registration card.

e) Paper clip the plastic card to the front of the card.

f) Do not run over the card with the machine more than once.

g) If you have any trouble with the machine, tell the head nurse.

6) Temperature takers (1-2).

a) Greet the donor and take ter registration card. Ask for ter weight and record it on the card. Donor must be 17-61 years old; donors usually must weight 110 pounds (check your agency's rules).

b) When asking weight, do it quietly; some people prefer not to have it shouted across the room.

c) Make sure that the donor has signed the form.

d) When the donors come to the station, have their cards on the table in the order that they arrive. In order to facilitate this orderliness number the cards from 1 through the number of people that pass through this station at the top of the form.

e) Check the thermometer before inserting it into the donor's mouth to make sure that is has been shaken down below 94 degrees Fahrenheit, and that the tip is not broken or cracked. Make sure volunteer is seated.

f) Leave the thermometer in the donor's mouth about three minutes. The temperature should be between 96.6-99.6 degrees F. If the first temperature reading is below or above this range, ask the donor if te would mind using a different thermometer, and then insert a new one and reread temperature. Write down both temperatures and circle the first one. If this second temperature doesn't lie in the range specified, send him on to the next station anyway. ONLY THE NURSE AT THE NEXT STATION CAN TELL A DONOR THAT TE CANNOT DONATE BECAUSE OF TER TEMPERATURE.

g) After taking the thermometer out of the donor's mouth, wipe it off with a clean, wet gauze. Use a new piece of gauze for each thermometer. DO NOT REUSE THE THERMOMETER.

h) Put used thermometers in the plastic container. Make sure they are all lying the same way. Stack the thermometers one layer thick and put a square of paper toweling between each layer.

i) The donor should be given ter card and told to go to the blood pressure station.

After having ter blood pressure checked by a local volunteer Red Cross nurse, the donor should continue to medical histories where another trained local Red Cross volunteer nurse will ask ter a list of questions to determine the prospective donor's eligibility. This nurse will also prick the donor's ear for a blood test, and then direct the donor to the bottle labeling station. The local Red Cross nurses are also in charge of this. Refreshments will be set up here, and donors should be invited to help themselves to coke and cookies.

7) Escorts to the donor tables (1-2).

a) When one of the donor tables in a drawing unit is open, remove the labeled container and the registration card from the bottle labeling table. These cards should be laid out in order for you by the bottle labelers. But be observant; if the Red Cross nurse at a drawing table has an emergency, don't take the donor to ter until the situation has been taken care of.

b) Check to make sure that the numbers on the container and the registration card match.

c) Call the full name of the donor (middle initial too) and make sure you have the right person. Do not hurry the donor -- if te is eating, give ter time to finish.

d) Carry the container and the donor's registration card as you escort the donor to the unit where a table is open.

e) Lay container and card down on the table and have the donor sit on the table.

f) If the drive is busy or there is a real shortage of volunteers, this person may have to double as a walker (to canteen after donating) also.

The Red Cross nurse will now draw a pint of blood from the donor. When the donor is finished, te will have the donor raise the arm that the unit of blood was taken from and hold a bandage on the puncture site. When the nurse has the donor sit up, the donor is ready to be walked to the canteen.

8) Walkers (2-6).

a) The walker's most important function is to make sure no one gets hurt. If a donor starts to feel faint, etc.:

I. Protect ter head.

II. Get the person to the floor as fast and as safely as possible.

III. Summon canteen nurse.

IV. Move the cot to the person. Do not move the person to the cot.

b) Nurse will generally do any or all:

I. Put ter legs up.

II. Have ter breathe into a paper bag.

III. Cover with blankets, if needed.

IV. Make ter drink milk.

V. Keep watch on pulse.

c) If there are enough walkers, it is all right to talk to the recovering donor, providing the donor is up to it and the nurse does not seem to mind.

d) Walkers should be alert to nurses. The nurse will signal when the donor is ready to go to the canteen, and the walker should not keep the nurse waiting.

e) When walking a donor to the canteen, hold the bandaged arm; this leaves the donor's "good" arm to pull out a chair in the canteen. It also keeps the donor from falling and putting pressure on that arm.

f) The walker MUST HOLD ON TO EVERY DONOR. A donor often claims to feel fine, protests someone's holding ter and then faints.

g) Donors should not lean on bandaged arm.

h) Take the finished blood unit and the card over to the custodian table. Needless to say the unit should be entirely disconnected from the donor before removing it from the donor table!

i) Guys walking girl donors and vice versa works out well!!

9) Canteen workers (1-2).

The local Red Cross is in charge of this station; however, it also helps to have student volunteers here to pass out refreshments.

a) The floor supervisor should introduce the volunteer to the Red Cross nurse in charge and other volunteers.

b) The Red Cross nurse generally shows the volunteers what to do. This includes:

I. Giving each donor a cup of water -- te must drink this first.

II. Then asking the donor if te prefers coke or coffee (cream/sugar).

III. Giving the donor two cookies.

IV. Giving the donor an "I gave blood today" sticker if te likes.

c) Donors can have as much as they want.

d) If you run out of something in the canteen, talk to the supervisor. Te should know where refreshments are.

e) Canteen volunteers should watch to make sure people look Ok. Any change in color should be watched. Usually the nurse takes care of this.

f) If a person feels faint, have ter put ter head between ter legs and a volunteer should move a cot over to the person. Summon nurse.

g) Stay calm. Distract other donors if one has a reaction before a chain reaction starts. If one faints, often a few others will too.

h) When working with food, be sanitary. Handle the cookies as little as possible and use napkins.

i) The donor should keep ter arm on the table so that the nurse can make sure it is not still bleeding.

j) The donor must stay in the canteen 15 minutes (by nurse's watch!!).

k) The donor gallon pins are handed out in the canteen; this provides immediate reinforcement for these donors.

10) Lab sheet typist and segmenting machine.

When a person has finished donating and nurse has completely removed all tubing from the arm, then the walker should take the unit of blood to the custodian at the segmenting machine, and the registration card to the lab sheet typist. The Red Cross custodian is in charge of segmenting and may occasionally use an extra volunteer here. The local Red Cross volunteers are in charge of the lab sheets; however, sometimes volunteers must fill in. This typist must be good since accuracy is important. Custodian or head nurse will show the volunteer what to do. It is especially important that this typist not get behind at the end of the day, so it usually helps to put an extra typist here.

11) Drivers (1-2).

a) Make sure the driver knows how to get to the local blood bank.

b) The driver should escort donors into the entrance of the blood bank, have them hang up their coats, and take their seats. Generally, be helpful.

c) Before leaving, the driver should check in the canteen to see if any donors are ready to leave. Te shouldn't wait more than a minute for anyone. It is important to keep the car moving.

d) If a donor has to make a class on the way back, the driver can drop that donor off if convenient. Near the end of the day if it is not as busy, say around 5:00 or so, a donor can be driven home if te prefers. Don't make anyone too late because of giving blood. However, driving people around can cause huge delays to the other donors who will be waiting for rides.

e) Emergency procedures -- generally you may want to have ammonia capsules in the car in case someone feels faint. The blood bank also has ammonia capsules. The usual procedure is to watch the donor's head. Don't let the person hit terself. Just use common sense in all cases.

f) The car keys should be left at the reception desk if the driver stops taking donors to the local blood bank.

g) The driver is sometimes the only communication between the blood bank and campus. We have to find out from ter if things are backed up or going smoothly over there.

h) MOST IMPORTANT -- KEEP THE CAR MOVING!!

c. Donor Relations Committee:

1) If there aren't enough donors for the other days in the drive, the committee people will have to call donors from the file.

2) Handle any telephone appointments that are made during the drive for the next day and add them to the donor schedule sheets the receptionist has (if they are for the next day).

3) Keep a list of donors (names, social security numbers, blood types) who are temporarily disqualified or who experience discomfort for a special communication after the drive.

4) Keep a suggestion box in the canteen area.

5) Be in charge of handing out any questionnaires in the canteen from the Research subcommittee.

6) Inform donors about blood either at the canteen area or at check-in with simple signs such as the one on page seven.

7) Take charge in distributing and collecting Christmas and summer pledges at the canteen area.

8) Have a person responsible for picking up the pink and yellow Red Cross registration forms from the head nurse at the end of each drive day.

d. Publicity committee:

1) Get the total pints of blood collected each night and give it to the daily campus newspaper (to put on the front page as a blood thermometer if possible). The committee can also tell the newspaper if the drive is behind its quota.

2) Check to see that all the advertisements are correct and are in operation.

3) The committee can sell blood T-shirts at the canteen area.

e. Computer Services (if applicable):

1) The pink and yellow Red Cross registration forms should be gotten from Donor Relations from the previous day to allow coding of the information.

2) Extra volunteers at the drive could start coding donor information from the pink and yellow registration forms.

f. Director:

1) He should try to be at the opening, peak hours, and closing of the drive each day.

2) He should make up a check list to make sure everyone is doing what they should be doing.

3. Things to do AFTER the drive:

a. Logistics committee:

1) Make sure that typewriters, signs, donor-volunteer-supervisor schedule sheets, pens, paperclips, canteen supplies, and anything else you may have brought to the drive are all returned to their respective places immediately after the drive.

2) Make sure that 4 to 5 loaders show up an hour after the drive stops accepting donors.

3) Make sure that the bill for the refreshments is given to the proper people and paid promptly.

b. Volunteer Relations committee:

1) Supervisor should close the drive.

2) As work trails off in the last hour of the drive, tell volunteers that they can go home and thank them for their time.

c. Donor Relations committee:

1) Make sure that the Computer Services committee gets the names, social security numbers, blood types, and donation dates of each of the following:

a) All donors.

b) Temporary rejects.

c) "No-shows".

d) Permanent rejects.

2) Make sure the Computer Services committee gets the names, social security numbers and hours worked for all the volunteers.

3) Have the Research subcommittee figure out the "vital statistics" of the drive listed in Appendix N.

4) Answer complaints with the help of the Director on:

a) Something the volunteers did at the drive.

b) Something the Red Cross did (e.g. a nurse who seemed to draw blood badly from several donors).

c) Not receiving a blood card (only if these are issued by your particular Red Cross).

5) Send the blood cards to the donors if the Red Cross doesn't send them out. Do this immediately after you receive the cards from the Red Cross.

6) Have the Research subcommittee tally the results from any questionnaires that may have been handed out in the canteen area.

7) Turn in the Christmas or summer pledge cards to the blood program office.

d. Publicity committee:

1) Make sure that the total count from the last day of the drive gets put into the newspaper the day following the bloodmobile.

2) Ideally all posters and announcements about the drive should be taken down immediately after the drive so the public doesn't get desensitized to them.

e. Computer Services committee:

1) Make sure that you get the names, social security numbers, blood types, and donation dates of each of the following from the Donor Relations Committee:

a) All donors.

b) Temporary rejects.

c) "No-shows".

d) Permanent rejects.

2) Make sure that you get the names, social security numbers, and hours worked for all the volunteers from the Donor Relations committee also.

3) Help the Research subcommittee of Donor Relations with any lists of people they may need.

f. Director:

Call a meeting of all committee heads to see what problems came up at the drive and come up with their possible solutions. Also, look ahead to the next drive.

SUGGESTIONS FOR A DORMITORY BLOOD DRIVE

A. ANNUAL PLANNING (DORMITORY BLOOD DRIVES)

1. When you start planning your dormitory drives, you must start planning in the first few weeks of the semester preceding the semester in which you wish to start drawing donors.

a. Talk to the person in charge of student housing at your university. Important Telephone Number 22 (ITNL #22), to check to make sure that holding bloodmobiles in the dormitories will be permissible.

1) Bring along some evidence to show that the drawing agency has insurance to cover any accidents that donors may have while at the bloodmobile.

2) Try to persuade ter to have a resident advisor (a person who is in an administrative capacity on the floor of the dorm) or a resident director (a person who is in charge of a dorm) to take charge of a bloodmobile in ter dorm. A person associated with the university is usually much more informed on the bureaucratic red tape needed to get equipment and services for the bloodmobile and is usually more responsible. But you must ask this student housing director early in the semester preceding the semester you want to hold your drives so prospective resident advisors and directors can agree to undertake this responsibility.

3) If a resident advisor or director will not take charge of the bloodmobile, then a student living in the dorm would be the next best thing. This student should (if possible) be a floor president or the hall president so that te could use ter authority to get volunteers to help out at the drive.

b. If you are also having central campus drives, have the same dates for these drives as the dorm drives. If you don't, you may be unnecessarily confusing prospective donors.

c. If you are not also having central campus drives, make sure in setting up the drawing dates that good communication exists among all interested parties. Make sure that all affected and interested parties are represented when the blood drive dates and all of the specifics are decided upon. In particular this should include the representative of the drawing agency with which you will have drawing in the dorm (ITNL #4), the director of student housing (ITNL #22), the Director of (or the person trying to organize) the university blood program (ITNL #25), and any interested persons who want to be involved in the program. All dates should be agreed upon to some large degree of satisfaction by all involved and must be confirmed in writing among all the parties involved.

d. When selecting dates, the following factors must be taken into consideration:

1) Try to have a blood drive every month.

2) Since donors are eligible to give blood eight weeks after they have last given, space drives so that the donor pool that gives at the first drive is eligible to give again at the third drive, and so that the second drive donors are eligible for the fourth drive, etc., so in other words there can be a drive every two months in a particular dorm for at least one day. (For example, if you are going to have a three-day drive a month and four dormitories -- A, B, C, and D -- in which to hold them, the arrangement of dorms could be as follows:

month 1	AAB
month 2	CCD
month 3	ABB
month 4	CDD)

3) Student schedules (holidays, vacations, finals, etc.) must be considered. Exam weeks and periods when students are not present are obviously poor drawing dates; also several days immediately preceding vacations are poor dates.

4) Try to provide blood drives at times when it will be especially needed (before holidays, etc.).

5) Two- or three-day drives near the end of the week are the best (weekdays only). The second and third days of a drive are generally busier since publicity by word of mouth builds up pint donations.

6) Availability of the bloodmobile site must be considered also; but this should be no real problem if you start planning a semester ahead.

e. When trying to find out if a dorm is suitable enough to hold a bloodmobile in, remember that you are trying to get people from the surrounding area to give blood also -- not only those students living in the dorm. The factors to be considered are:

1) Campus student traffic close to the dorm. If you have, let say, a sports complex next to a particular dorm, then that dorm will have a good chance of attracting a lot of non-dorm students.

2) Visibility of drawing site (probably a student lounge).

3) Availability of the site.

4) Size of site (must be large enough).

5) Facilities.

6) Atmosphere (temperature regulation, pleasant, well-lit, etc.).

7) Minor considerations such as ease for loaders and unloaders (are there many stairs?), parking spaces and a nearby telephone for emergencies, communication purposes, and appointments.

8) Student composition in terms of freshmen, sophomores, juniors, and seniors. If the program has been going on for a few years, the upperclassmen will be more apt to give and encourage the underclassmen to do likewise.

f. Different dorms will have to have different goals. It depends tremendously on who is in charge of the dorm, the effectiveness of the publicity, what the composition of students is, how large the dorm is, if there are any other dorms nearby, if there is any substantial campus traffic close to the dorm, time of the academic year (midterms, finals, etc.), even seasons of the year.

If you have never had a drive at a particular location, let the drawing agency make a guess as to how many pints they could draw after analyzing any facts you can give them about the above variables. Only after the first year of operation could you get a feel for the number of pints that could be collected at a particular dorm. (A complex of 1200-1500 students in our experience can be expected to give approximately 60-90 pints of blood a day for a three-day drive.)

g. Times for the drive must also be decided upon. The hours should include times when students are in the dorm. Lunch and dinner times are slow for donations since a lot of students are eating, but before or after them is fine. Times are again a matter of experience.

h. Once you have all of the above arrangements in order, make copies of the dorm schedule and mail it to the director of student housing and all the resident directors (ITNL #23) and advisors. Ask the resident directors in a letter to reserve the main lounge for the days that the blood drive will be in their dorm.

i. Have the head of the drawing agency accompany the director of the blood program to all the lounges where te will be drawing, make a sketch of how te would like the furniture arranged, and make requests for additional furniture if needed. Make copies of these sketches, keep one of each, and send a couple of a particular dorm to the resident director of that dorm so te can give it to the custodian staff who will arrange the furniture.

j. Talk to the drawing agency and see what they will supply for each drive in terms of coffee, juice, punch, cookies, pretzels, hot and cold cups, napkins, spoons, cream and sugar, etc. The drawing agency will have preferences as to what it can conveniently and cheaply bring and what they would like the site to provide.

k. Once you know what the site will be expected to provide in terms of refreshments, talk to the person in charge of the cafeteria in every dorm you will be in (ITNL #23) and tell ter of your plans for the blood drive and what refreshments you need and perhaps te may provide all your refreshments at a discount from the cafeteria's food service. Ask this person also the procedure for placing an order for the refreshments for the drive.

l. Also when you meet with your drawing agency ask what positions on the bloodmobile will have to be staffed by volunteers. Ask for the procedural steps for these stations (in a manner similar to the descriptions of the positions volunteers must fill at a Red Cross drive) so you could type it up and use it for the volunteer manual.

m. Ask your drawing agency if they have any aids to help you attract donors to the bloodmobile. Some of these could include things such as posters, fliers, newspaper inserts, etc.

The agency also may have nice little things for a donor after te donates that give recognition. These recognition devices also help to publicize the drive.

n. Talk to your drawing agency representative and see if it would be possible to get some kind of "blood assurance" plan for your university community (see Appendix C). In brief, blood assurance means that if any member of your university community (students, faculty, or staff) or ter immediate family receives blood, te will not have to recruit donors to replace the pints used or pay a replacement fee.

o. Talk to the person in charge of parking (ITNL #10) and see if you can get some agreement to get special parking permits and parking places designated for the technicians at the drive. Often the techuicians won't know the area they are drawing in. They will have a hard time finding parking places and they won't be able ro run out to feed the parking meter every time it expires.

p. Once your blood program is in operation, you are going to have to have some room where you can store all the records of your program, the signs from the drive, and many other miscellaneous things, as well as a phone that interested donors and volunteers can call to make appointments, and from which committee people can call donors and volunteers. The importance of appointments is discussed in the introduction and in Appendix B.

q. You will have to have the phone number of a doctor on call and an ambulance firm. An ambulance firm will probably be no problem, but finding a doctor who would be on call may be harder. Check with your health service or with neighborhood hospitals and see if they would be willing to offer such a service.

r. Talk to the administration of your university and see if they would let you have some computer time and space to store all the various data listed in this manual that will make for a fairly sophisticated blood program. Discuss the blood program primarily in terms of community service. The administration may well be interested in blood assurance as well, as this is commonly seen as a fringe benefit. The software for any type of filing you will need to do is described in Appendix L. The appendix also describes where you can write to actually obtain the software programs.

2. Physical set-up at the drive.

a. A list of the stations and what must be done at each should be made up by the head of the drawing agency that you work with; however the following should be included in the list of stations:

1) Receptionist -- registers all donors, answers questions on eligibility to give blood, handles donor flow, shows volunteers who to go to to be assigned and explained jobs, and registers volunteers.

2) Walkers -- escort donor from drawing table to canteen area.

3) Canteen area -- donor should be requested to stay here about 15 minutes (and eat if te wants) to see if te has any reactions after giving blood.

b. Equipment that must be present at each drive:

1) Typewriters -- may not be needed if the drawing agency prints its registration forms.

2) Pens and paperclips.

3) Nametags for volunteers and supervisors -- helps to recognize the volunteer and help the supervisor to be able to call volunteers by their first name. Also if any problems come up, the volunteers and the technicians both will know who the supervisor is.

4) All donor schedule sheets, volunteer schedule sheets, and supervisor schedule sheets (for examples of the first two see Appendix F).

5) Donor eligibility sign -- to be placed in front of receptionist's table. Good for two reasons --attracts people and tells of major eligibility requirements so that not as many questions are asked of receptionist. More detailed eligibility requirements should be written down for receptionist.

6) Canteen area supplies -- magazines, donor questionnaires, crayons and paper for inspired donors to draw with (some drawings are so creative they can be used for publicity), and donor recognition items (such as Red Cross "Be nice to me, I gave blood today" stickers and pins).

7) Custodian-supplied items:

a) Coat racks and hangers for volunteers and donors.

b) Mop, broom, and bucket in case of accident or clean up.

c) Extention cords -- 25 and 50 feet.

d) Tables and chairs in quantities that drawing agency wants.

e) A few large trash cans.

c. Procedures to be developed for drive.

1) A way of labeling the stations so donors know where to go.

2) A way of keeping the donors in the order that they registered. This can be done by numbering the registration cards in the upper left hand corner from 1 to however many donors show up at wherever temperatures are taken.

3) A way of keeping track of volunteers and the times they worked. This can be done by having volunteers register at the receptionist's desk before and after they work.

3. At the end of the year.

Thanks and recognition should be given to all who have helped. This includes all your volunteers and donors, all of the local Red Cross volunteers, all university officials who have helped you, and any other persons and organizations who contributed their time, effort, goods, or services to the drives. This can be simply done by writing a letter to the editor of your college newspaper or taking an ad out in the newspaper.

Special recognition should be made to those volunteers who put in an exceptional amount of time for the drives and all those donors who have donated one gallon or more of blood in their blood donating career.

The new Director should have long ago been chosen and trained by the "old" one, new committee heads should have been chosen, and most of the arrangements for next year's drives should have been already made. Planning for a summer drive should have started.

The "old" Director should get together with ter "old" committee heads, evaluate the year's effort and make any suggestions on how to improve the blood program to the new staff.

B. PER DRIVE PLANNING (DORMITORY BLOOD DRIVE)

1. Things to do before the drive.

a. Logistics committee:

1) See to it that parking permits are ordered and given to the Dorm Director at least a day before the drive.

2) A couple days before the drive, see to it that 4 to 5 people will be present an hour and a half to two hours before the drive to unload the blood bank's supplies (and also an hour after the drive stops accepting donors on the last day to load the supplies).

3) Give the Dorm Director the phone numbers of a doctor on call and an ambulance (so te can give them to the blood bank).

4) Order the refreshments for the drive within the necessary time from the cafeteria food service.

5) Have ready for pick-up by the Director two weeks before the drive: volunteer name tags, "Be nice to me" stickers, magazines, pens, and any questionnaires for the donors.

b. Volunteer Relations committee:

1) Have the volunteer schedule sheets made up for the drive and ready for pick-up by the Director two weeks before the drive (see Appendix F).

2) Have someone sit by the phone to collect volunteer names. This should be coordinated with Donor Relations (see Appendix H).

3) If contacted by a Dorm Director with insufficient volunteers (at least two days before the drive), start phoning volunteers from the master list. This master list would include volunteers from other dorms and if you have a central campus drive program, it would also include students who don't live in dorms (see Appendix H).

4) At least a couple days before the drive, assign supervisors for the drive and have only one in charge at a time.

5) The different stations at the drive and their procedures should be given to the Director two weeks before the drive.

c. Donor Relations committee:

1) A letter could be sent to all eligible donors in the dorm, neighboring dorms, and surrounding community a week to a half week before the bloodmobile telling them the particulars about the drive (see Appendix M).

2) Make up the blank donor schedule sheets (Appendix F) and have them ready for pick-up by the Director two weeks before the drive.

3) Have someone answer phones for donors to call in their appointments. Again coordinate with Volunteer Relations. Start between one week and one half week before the drive (see Appendix H).

4) If contacted by the Dorm Director with not enough donor sign-ups two days before the drive start phoning eligible donors from previous donor lists who live in the vicinity (see Appendix H).

5) Make up an eligibility sign and a more extensive eligibility sheet according to the specifications of the blood bank and give it to the Director two weeks before the drive.

d. Publicity committee:

1) The following is a list of ideas for publicity -- by no means is this list meant to be complete:

a) College newspaper (see examples, Appendix O)

I. Ads to be run one or two days before and each day of the drive.

II. Feature articles -- the publicity committee can try to arrange for these; however the best way to get articles is to know people on the newspaper staff. Also inviting reporters to the first big drive helps.

III. Editorials.

IV. Letters to the editor.

V. A blood thermometer -- try to get the newspaper to give you a small area on the front page for each day of the drive and the day after for a thermometer showing the number of pints collected relative to the program's yearly goal. This means that someone must call the newspaper's office each day after the drive ends to let them know how many pints were collected.

b) Other campus newspapers and magazines, perhaps appealing to more specific campus groups, should also be utilized.

c) Posters, fliers, etc., may be gotten from the blood bank.

d) The official school calendar should be sent the list of blood drive dates and locations.

e) If there are organizations that sponsor movies, see if they would help publicize the drive by showing a slide with the date, location and times of the drive right before they show their movies.

f) You can have leaflets, fliers, and signs put up in the dorm, neighboring dorms, and in the surrounding university community.

g) Leaflets can be sent to all floor resident advisors in the dorm you are drawing in with a note asking them to post the flyers on their floor and encourage their floor to donate.

h) Volunteers could also do some publicity work. When a volunteer receives notification of an approaching drive from the Volunteer Relations committee, perhaps he should receive 5 or 6 fliers to post or distribute and could be asked to tell ter friends about the drive and to encourage them to donate.

i) Radio stations -- many allot a certain amount of time to Public Service Announcements. Perhaps a tape could be prepared for distribution to the radio stations.

j) Blood program T-shirts for volunteers and donors might be a means of advertising and simultaneously providing much needed recognition for these people for their contribution to the program. The front could have the blood program insignia with the back having the person's blood type.

2) Make sure that everything that the committee decides to do is done well ahead of the drive since many of the media and organizations and businesses have to have a minimum of a week or two to do whatever you want them to do.

3) Have posters and the instructions on how to fill them out ready for pick up by the Director two weeks before the drive.

4) Establish a speaker's bureau. This group of committee people will be responsible to go to organized housing such as fraternities, sororities, and dorms to speak about a blood drive coming up. This is a good way to publicize the drive and at the same time inform the donor and potential donor about some facts on blood and the process of giving blood.

e. Computer Services committee:

1) This committee will make up labels for any desired group or subgroup of people that any of the committees want for either letter purposes or phone lists.

2) The Newsletter subcommittee should work with the director, Donor Relations and Volunteer Relations in writing the letters to donors and volunteers.

f. Director:

1) Make sure that you get the following from your committees two weeks before the drive and give it to the Dorm Director:

a) Volunteer name tags, "Be nice to me" stickers, magazines, and pens.

b) Volunteer schedule sheets.

c) Descriptions of the tasks for each of the stations at the drive.

d) Donor schedule sheets.

e) Eligibility sign and the more extensive eligibility guideline sheets.

f) Posters and instructions on how to fill them out.

g) Donor questionnaires.

2) Monitor the progress of the blood program and propose modifications where necessary.

3) Formulate all public statements -- policy and progress.

g. Dorm Director:

1) Make sure that you get a "package" from the Director two weeks before the drive.

2) Make sure that the bloodmobile site is reserved.

3) Sign-ups for both volunteers and donors should be conducted at the entrance to the cafeteria during dinner for at least 4-5 days before the drive.

4) Make sure that the custodians have a copy of the floor plan for the bloodmobile site and any requests for additional furniture.

5) Keep in communication with the head of the blood bank to inform ter on the number of donor sign-ups and to receive any extra instructions.

6) If there aren't enough donors, call the Donor Recruitment chairperson at least two days before the drive and ter committee will phone eligible donors in the vicinity to donate at the drive.

7) If there aren't enough volunteers, call the Volunteer Relations chairperson at least two days before the drive and ter committee will phone volunteers in the vicinity to work at the drive.

8) Take the posters, fill in the time, date, and place on them, and put them up in the dorm, neighboring dorms, and surrounding university community one and a half weeks before the drive.

9) If Volunteer Relations cannot get enough supervisors, be prepared to assign an experienced volunteer to be in charge of the drive. Someone must be in charge at all times.

10) Make sure that you get the parking permits from the logistics committee at least a couple days before the drive and give them to the blood bank when they arrive.

11) Try to find some typewriters (if you need them for the registration cards).

2. Things to do AT the drive.

a. Logistics committee:

Make sure that the loaders have come and unloaded the necessary supplies 1 1/2-2 hours before the drive begins.

b. Volunteer Relations committee:

1) If there aren't enough volunteers for the other days in the drive, the committee people will have to phone them up.

2) Supervisor's Role -- there must always be someone present who is in charge and capable of answering questions.

a) A schedule of all supervisors is to be kept at the reception desk so that the check-in person will know to whom to direct any volunteers, questions, or problems during the drive.

b) The supervisor is in charge of opening up the drive and closing it at the end of the day.

c) Te should check in with the ranking technician when te begins so that te will know who is supervising.

d) The new supervisor should arrive on duty a few minutes early in order to be informed of the situation by the departing supervisor.

e) Te should have a name tag with ter name and "supervisor" written on it and te should make sure all the volunteers also have a name tag.

f) Te assigns jobs to those volunteers who don't have one.

g) Once all volunteers have jobs, the supervisor must give each volunteer instructions on what their particular station needs to have done.

h) These instructions should be given to the volunteer each time; it is very easy to forget the details of what must be done for each station even if the volunteer has done the task the day before.

i) Te helps the receptionist keep a list of who worked and for how long. This could be used at the end of the year for volunteer recognition.

j) Te must make sure that the flow of donors doesn't get bogged down in any one area, by shifting volunteers around to help in the congested areas.

k) Te should remain cheerful and courteous to all volunteers, nurses, and donors. Te should try to encourage interaction between the volunteers and try to learn their names from their name tags.

l) If te notices that a donor has been rejected, te should talk to ter and if it is only a temporary rejection, encourage ter to come back. Often would-be donors are quite upset and take their rejection quite personally. If the supervisor is short on volunteers ask that person if te would like to spend the hour te would have donated, volunteering. If someone has been permanently rejected, make sure te understands why and the supervisor might suggest that te become a blood drive volunteer instead.

m) Te should make sure that the donors are staying in order, at least to the extent that donors don't get upset. To do this te may have to have a volunteer stand at the bottleneck of the bloodmobile and call out the numbers that the person at temperatures wrote on their registration cards.

n) Twenty minutes before the hour, the supervisor should go around with the volunteer schedule list and check to see which volunteers will be leaving, so that te will know where new volunteers will have to be placed.

o) When volunteers leave te should make sure they check out at the receptionist desk, so the time they worked can be recorded.

p) If it looks like there are not enough volunteers either see if the volunteers there could stay longer than the time they signed up for or just redistribute the volunteers you do have to cover the stations where they are needed most. The supervisor shouldn't be afraid to help out terself where te is needed most.

q) The people on the volunteer schedule sheet should be placed first, then the walk-in volunteers. Extra volunteers could be put to walking donors and talking to donors on the drawing table.

r) It is not good to have too many volunteers, since it is important that all volunteers feel that they are needed.

s) The donor is the major concern -- making the experience as pleasant as possible and getting ter through the donation line as quickly as possible.

t) It is good to have an overlap of old and new volunteers for a few minutes so that the newcomer has time to adjust to the task.

u) If there are any items outside the donor room, they should be taken inside at the end of the drive day so they won't be lost.

3) Receptionist:

a) The receptionist should be able to answer donors' questions or at least be able to refer the donor to someone who can. (The medical questions not answered by the eligibility sheets should be taken to the head technician.)

b) This person will be taking appointments for the day's drive and marking donors' names off as they arrive. Donors should then be directed to the typists.

c) Walk-in donors can be taken as the situation permits; this is where the receptionist's judgment is important. Too many donors taken at once will create a bottleneck inside the drawing rooms and result in longer waiting lines and frustrated donors (see Appendix G). If it seems to be crowded inside, ask the donor to make an appointment for later in the day or the next day. This ability to judge the situation comes from experience at the drives, so it is generally a good idea to have a volunteer who has worked at the drives before as a receptionist.

d) New volunteers should check-in here and be directed to the supervisor. When the volunteer finishes working, te should check out here also, so there is an accurate record of the number of hours that te has worked.

e) When the receptionist is not busy, te can talk to people who have finished donating to get some estimate of how fast donors are getting out. Ideally, it would be less than an hour, realistically, it is usually between 1 to 1 1/2 hours.

4) The other stations may vary depending upon what the blood bank will let you do. This committee should already have these positions and should have given the Dorm Director a copy.

c. Donor Relations commitee:

1) If there aren't enough donors for the other days, the committee people will have to call donors from the file.

2) Handle any telephone appointments that are made during the drive and add them to the donor schedule sheets the receptionist has (only if they are for the next day).

3) Keep a list of donors (names, social security numbers, blood types) who are temporarily disqualified or who experience discomfort for a special communication after the drive.

4) Keep a suggestion box in the canteen area.

5) Inform donors about blood either at the canteen area or at the receptionist with simple signs such as the one on page seven.

6) Take charge of handing out any questionnaires in the canteen from the Research subcommittee.

7) Have a person be responsible to collect the names, social security numbers and blood types of all those who donated, from the blood bank at the end of the day.

d. Publicity committee:

1) Get the total pints of blood collected each night and give it to the daily campus newspaper (to put on the front page as a blood thermometer if possible). The committee can also tell the paper if the drive is behind its quota.

2) Check to see that all the advertisements are correct and are in operation.

3) The committee can sell blood T-shirts at the canteen area.

e. Computer Services:

1) Get the donor information from the Donor Relations committee from the previous day.

2) If there are some extra volunteers at the drive, they could start coding the donor information.

f. Director:

Make up a check list to make sure all the committees and the Dorm Director are doing what they should be doing.

g. Dorm Director:

1) Make sure that the room is set up correctly.

2) Be sure that you have the phone numbers of the ambulance and hospital and give them to the head person at the drive.

3) Make sure that you give the parking permits to the blood bank.

4) Make sure that the eligibility sign is up along with the donor schedule sheets and the volunteer schedule sheets at the registration table.

5) Make sure that you have enough typewriters (if you need them).

6) Give the person fror publicity the final count each day so that person could tell the newspaper the total for the day.

3. Things to do AFTER the Drive.

a. Logistics committee:

1) Make sure that the loaders show up an hour after the drive stops accepting donors.

2) Make sure that the bill for the refreshments is given to the proper people and paid promptly.

b. Volunteer Relations committee:

1) Supervisor should close the drive.

2) If there is nothing for volunteers to do in the last hour of the drive, tell them that they may go home and thank them for their time.

c. Donor Relations committee:

1) Make sure that the Computer Services committee gets the names, social security numbers, blood types, and donation dates of each of the following:

a) All donors.

b) Temporary rejects.

c) "No-shows".

d) Permanent rejects.

2) Make sure that the Computer Services committee gets the names, social security numbers, and hours worked for all the volunteers.

3) Have the Research subcommittee figure out the "vital statistics" of the drive listed in Appendix N.

4) Answer complaints with the help of the Director on:

a) Something the volunteers did at the drive.

b) Something the blood bank did at the drive.

c) Not receiving a blood card.

5) Send the blood cards to the donors if the blood bank doesn't send them out. Do this immediately after you receive the cards from the blood bank.

6) Have the Research subcommittee tally the results from any questionnaires that may have been handed out in the canteen area.

d. Publicity committee:

Make sure that the total count from the last day of the drive gets put into the newspaper the day following the bloodmobile.

e. Computer Services committee:

1) Make sure that you get the names, social security numbers, blood types, and donation dates of each of the following from the Donor Relations committee:

a) All donors.

b) Temporary rejects.

c) "No-shows".

d) Permanent rejects.

2) Make sure that you get the names, social security numbers, and hours worked for all the volunteers from the Donor Relations committee also.

3) Help the Research subcommittee of Donor Relations with any lists of people they may need.

f. Dorm Director:

1) Make sure that the following get turned in to the Director or the blood program office the day after the drive.

a) Volunteer-donor-supervisor schedule sheets.

b) Eligibility sign and the more extensive eligibility guidelines sheets.

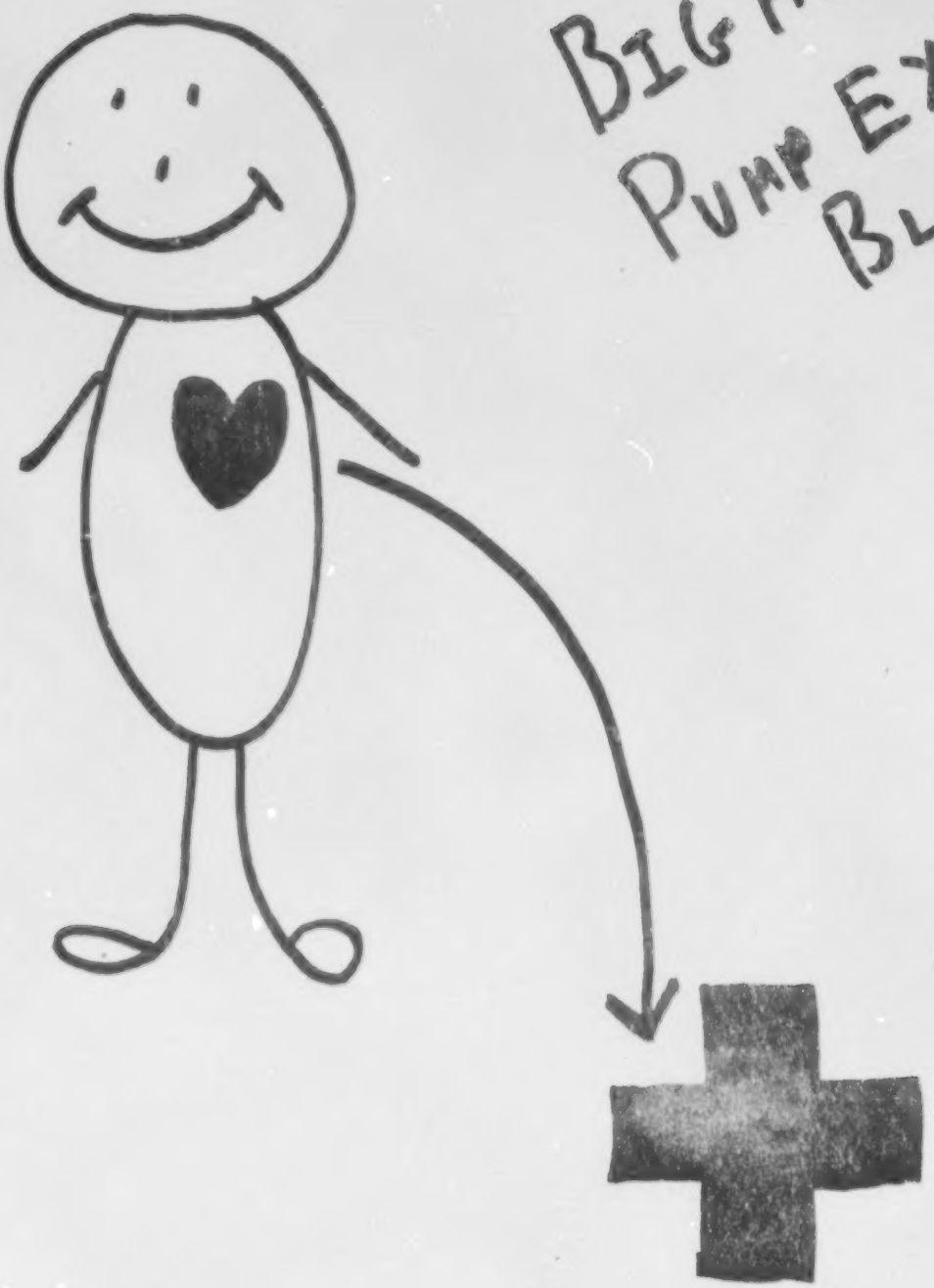
c) Pens and leftover paperclips.

d) Leftover name tags and "Be nice to me" stickers.

e) Magazines.

f) Donor questionnaires.

2) All posters should ideally be torn down immediately after the drive -- so that the public doesn't become desensitized to them.

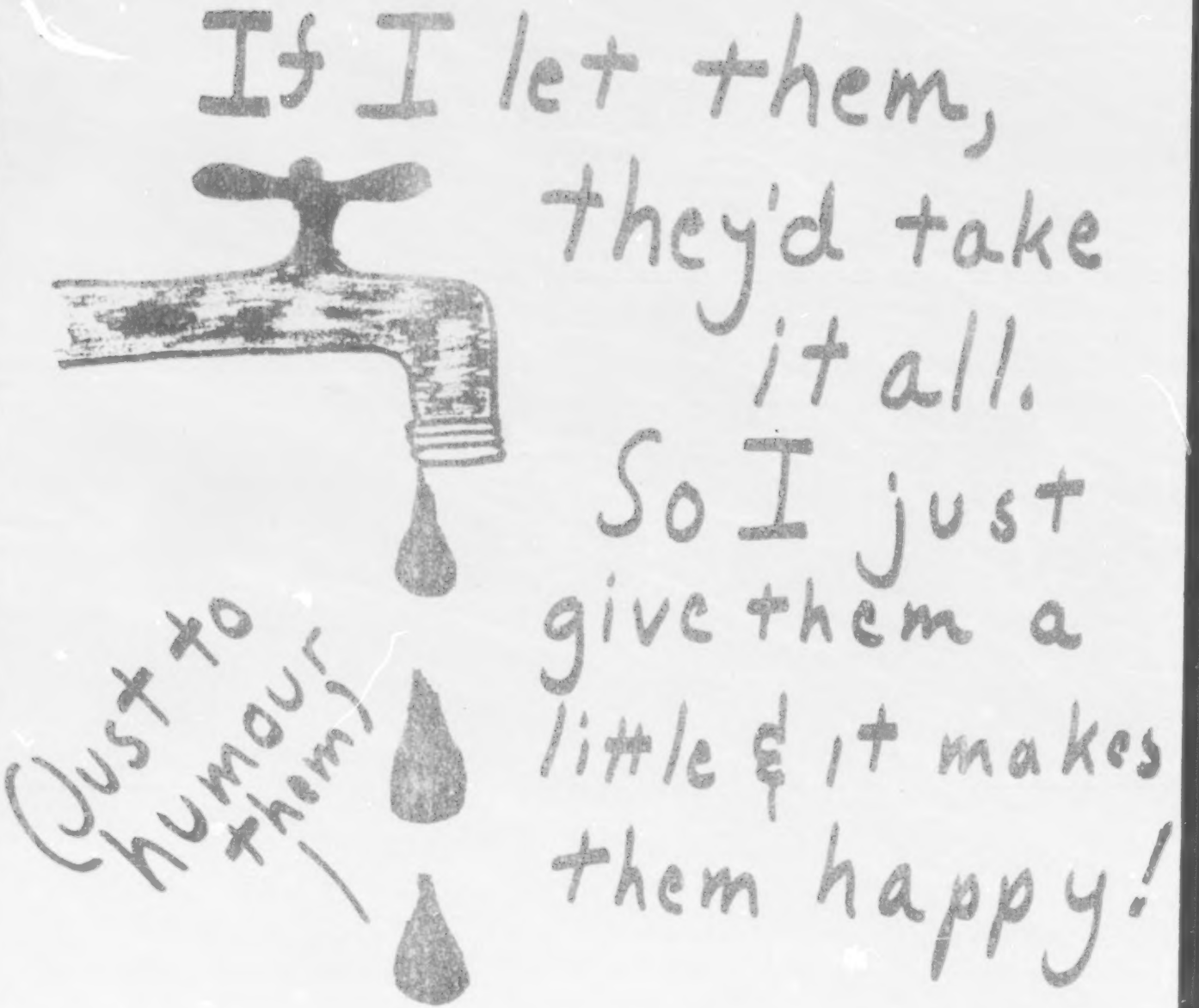


Somebody needs
an extra pint.

8. Director:

1) Talk to the Dorm Director to see if there were any problems.

2) Talk to the committees, to see if there were any problems and to plan for the next drive.



APPENDIX A

LIST OF BOOKS AND ARTICLES RELATED TO BLOOD

If you would like to know a little more on blood and the blood service complex in the United States, below are some books and articles you may find interesting. If there are some articles below that you would like to read, but cannot find in your university's library, just write to:

John Hackmann
Blood Donor Research Group
105 Advanced Computation Building
Urbana, Illinois 61801

The articles and books that have an asterisk (*) are ones that I highly recommend that you read.

Books

*Journey, Robert and Suzanne Massie (Alfred A. Knopf, 1973).

Blood -- The Biology, Pathology, and Mythology of the Body's Most Precious Fluid, Earle Hackett, (Saturday Review Press, 1973).

*The Gift Relationship: From Human Blood to Social Policy, Richard M. Titmuss, (Random House, 1971).

Articles

On The Gift Relationship

*1971 Book Review of: "The Gift Relationship. From Human Blood to Social Policy," R.M. Titmuss, Review by: O.W. Anderson, International Journal of Health Services, Vol. 1, No. 4, 1971, pp. 421-423.

1972 "Anderson-Titmuss Debate Over The Gift Relationship: From Human Blood to Social Policy," a reply to Dr. Anderson by Titmuss; a rejoinder to Dr. Titmuss by Anderson, D.W., International Journal of Health Services, Vol. 2, No. 2, 1972, pp. 317-318.

1972 "Human Blood and the Renewal of Altruism: Titmuss in Retrospect," O. Mac N. Surgenor, Comments on Titmuss -- Anderson Debate over the Gift Relationship, International Journal of Health Services, Vol. 2, No. 3, August 1972, pp. 443-453.

*1971 "Why Give to Strangers?," Richard M. Titmuss, Lancet, January 16, 1971, pp. 123-125.

On Donor Recruitment

*1957 "Blood Donor Recruitment: A Case Study on the Psychology of Communication," Harry A. Grace, Journal of Social Psychology, Vol. 46, 1957, pp. 269-276.

1975 "Effects of Donor Recruitment Methods on Population Responses," G.T. Ford and E.L. Wallace, Transfusion, Vol. 15, No. 2, Mar-Apr 1975, pp. 159-164.

1975 "Attitudes Underlying Reluctance to Donate Blood," W.P. Bartel, W. Stelzner, and J. Higgins, Transfusion, Vol. 15, No. 3, May-Jun 1975, pp. 275-277.

1971 "On Stimulating the Gift of Blood," William Bevan, Science, Vol. 173, August 13, 1971, p. 357.

1972 "Stimulating Blood Donation," Richard H. Aster, Science, Vol. 175, January 28, 1972, pp. 28-29.

On Blood Banking In General

*1971 "Blood Banking," Helen B. Shaffer, Editorial Research Reports, Vol. 1, May 5, 1971, pp. 327-344.

1973 "Blood Services: Prices and Public Policy," D. Mac N. Surgenor, E.L. Wallace, P.D. Cumming, B.D. Mierzwa and F.A. Smith, Science, Vol. 180, April 27, 1973, pp. 384-89.

*1974 "The Blood Business," Seymour Lusterman, The Conference Board Record, February 1974, pp. 47-53.

1972 "Blood Banking: Money is at Root of System's Evils," Constance Holden, Science, Vol. 175, March 24, 1972, pp. 1344-1348.

1972 "Blood Banking: Tangled System Resists Swift Change," by Constance Holden, Science, Vol. 175, March 31, 1972, pp. 1444-6.

On Blood Banking and the F.D.A.

1972 "FDA to Regulate All Blood Banks," C. Holden, Science, Vol. 177, September 8, 1972, p. 869.

1972 "Controls Constrict Sources," Donald F. Phillips, Hospitals JAHA, Vol. 46, December 16, 1972, pp. 41-44.

1973 "Protecting Blood Banks' Liquid Assets," Harold C. Hopkins, FDA Consumer, June 1973, pp. 10-14.

On Blood Banking and the H.E.W.

*1974 "The National Blood Policy," Donald F. Phillips, Hospitals JAHA, Vol. 48, June 16, 1974, pp. 70-76.

1973 "All-Volunteer Blood Banks, Strict Processing Sought by HEW for Safe, Plentiful Supplies," Jonathan Spivak, The Wall Street Journal, July 2, 1973.

1973 "Blood Bankers Pressured to Unite," Constance Holden, Science, Vol. 182, October 12, 1973, p. 146.

On "Poison Blood"

*1973 "Profiteering in Poison Blood," Thomas Thompson, New Times, No. 2, November 2, 1973, pp. 36-39.

*1975 "Blood Farming," Stuart Baur, New York, May 19, 1975, pp. 50-52 and on.

On the Constitutionality of Some Blood Laws

1973 "Constitutionality of Exemption Laws on Guarantee of Purity for Blood Transfusions and Tissue and Organ Transplants," William J. Curran, J.D., S.M. Hyg., New England Journal of Medicine, Vol. 288, March 1, 1973, pp. 457-9.

On Computer Software

1969 "Aspects of a Computer-assisted System for Calling Blood Donors from Specialized Panel," D.F. Hopkins and G.K. Milne, Transfusion, Vol. 9, No. 5, September to October, 1969, pp. 255-60.

Giving Blood is Fun!

EXCEPT....

When the kid next to you faints...

When you're rejected 'cause you spent a great summer in Africa - your roomate caught malaria....

When the nurse can't get the needle in your arm....

When you catch the only moldy cookie in the bunch....

When the only kind of soda is Coke & you're an Uncola freak

APPENDIX B
POLICY ISSUES

When you start your blood program, you are going to run across several issues on which you will have to make decisions. This appendix lists some policies that your blood program may want to adopt and the reasoning behind them.

1. "Blood from our town should stay in our town." We disagree with that statement. Remember, it is people who ultimately use blood, not blood banks -- they are the agent who makes the transfusion possible. Take the position that blood should be obtained where it is available and used where needed. We believe donors will support this approach.

   Large university communities often have a surplus of potential donors capable of producing thousands of pints more than is needed in that immediate area. Any single drawing agency in your state may be unable to properly utilize all of the pints that are available on your campus, since blood that isn't frozen lasts only for 21 days, and frozen blood is still economically unfeasible for general use. Your blood program may want to work with several agencies to better utilize your blood resources and help out other parts of the state during their blood shortages.

2. An effective message to attract donors is "No one in your group or community will have to pay for blood or be penalized for failing to replace it." There are two main charges to the patient: a processing fee, usually $15-$40 per unit, and a responsibility fee, also called a penalty or non-replacement fee, usually $15-$25. The processing fee covers the costs of drawing the donor, the plastic bags for blood, technician time, overhead, etc.; this fee is paid by third party payers, such as Blue Cross, the Medicare program, and private health carriers. About 90% of people are covered by one of these and hence themselves pay no processing fee. The non-replacement fee usually must be paid by the individual blood recipient. Forgiveness of the fee for units replaced is intended to be an incentive to donate.

   If blood is freely given, and the donor group uses less blood than its members donate, then you will want to make sure that for each extra pint donated some individual is relieved of the burden of the non-replacement fee. Arrangements of this type are often called "Donor Clubs," and extra credits are often used for indigents, elderly people who cannot replace, or heavy blood users. Easing the psychological and financial burden of people who cannot bear the burdens is another service your expanded blood program can offer. (See Appendix C.)

3. A policy that is important to the success of a blood program is to have the donor get through the entire donation process as quickly and as safely as possible. A realistic time goal should be set at about an hour. College students frequently only have hour breaks

during which they are willing to donate. If, due to overcrowding with donors, the process takes any longer, some of them will end up late for their classes and will not want to bother donating again. (This potential problem can be taken care of by proper donor scheduling, described in Appendices G and H).

The donor should always be the major concern during the drive. Ter experience should be as pleasant as possible.

4. When you try to recruit donors for a drive, concentrate on "old" donors -- donors that have given before -- before you try convincing people who have never given before. The reason is simple: "old" donors have shown that they are willing to donate blood since they have done it before. They can also help in recruiting new donors since person to person persuasion especially among friends is a tremendous tool in recruiting new donors. Only after you make arrangements to do this should you go out and speak to a potential donor group to try to persuade them to donate blood.

5. Another extremely important part of the blood program should be to provide educational material and information to both donors and volunteers concerning blood and blood collection. A better informed donor population will understand the need for a constant supply of blood and probably respond more often to appeals to give blood at the drives.

6. Once your program has been going for a while, stress the importance of making appointments for donating blood. Advance appointments make it easier for your blood program to predict the success of the drive (and take appropriate measures if it doesn't appear that there will be enough donors) and it encourages a steady donor flow. Donors making appointments can often be scheduled at times when the drive is usually less crowded. If this is not done, most students will show up at the drive after a class, and you will be unable to admit all of them without causing the donation time to go very much above an hour.

7. When you advertise a blood drive, do not use motifs such as vampires. Emotional appeals are not considered desirable; first because it is not as likely to encourage an informed decision on the part of the donor and second, because blood donation is already often an emotionally charged act and it is very undesirable to amplify such fears for some donors. The committee should also not use a crisis approach in their publicity efforts either, since this may make the population lose confidence in its drawing agencies. If this approach is used very often, the public soon becomes desensitized.

8. If the county that your university is in has a county blood bank, all advertising for a Red Cross drive must appeal only to the university community. Therefore utilization of the local community newspapers and television stations is not as effective as other media which appeal more directly to the student population.

APPENDIX C
BLOOD ASSURANCE

The three most serious problems facing the blood transfusion service in the United States are:

- o AVAILABILITY: Blood of all needed types is not always available in sufficient amounts when and where it is needed.
- o QUALITY: Sometimes, even when blood of the proper types is available, it has been supplied by paid donors who are much more likely to be carriers of serious or even fatal diseases transmitted through transfusion than volunteer donors.
- o COST: To increase the supply of voluntarily-donated blood, many hospitals require transfused patients to recruit sufficient donors to replace blood they have received or pay a monetary "replacement fee" for each unit of blood not replaced.

BLOOD ASSURANCE deals with this third problem. After a transfused patient is released from the hospital, membership in a blood assurance program will relieve ter of any obligation to recruit replacement donors or to pay non-replacement fees.

Blood assurance benefits are available to individuals who have themselves given blood or who are members of groups which, collectively, have donated significant amounts of blood. It is only right to free such individuals from obligations to replace or pay fees in lieu of blood, since they have acted to contribute voluntarily to the available blood supply.

Thus, blood assurance is primarily an economic benefit for those covered: if blood was found for them when they needed it, at least they won't have to pay for it or find donors to replace what they have used.

COMMUNITY OR GROUP BLOOD ASSURANCE PLANS ARE PREFERRED TO INDIVIDUAL

Anyone in the community may need blood; it can only be gathered from people in the community. Therefore, blood is appropriately treated as a community resource and as a community benefit.

Individual and family 'contract' plans, where a donation covers only one family for a limited time period, are often successful in their limited goals. However, we do not believe that these devices are necessary or sufficient to obtain a sufficient supply of blood.

While protecting some against non-replacement fees, such plans are undesirable to those who by fate or circumstance, age or illness, cannot be enrolled. These plans are particularly pernicious since they can limit donations. They rarely encourage more than one pint a year from a 'contract' donor and his family, or schedule additional dates for group plans after group quotas (reflecting anticipated needs of the group) have been reached. Many healthy donors thus do not give as often as they are willing.

Indigent, disabled, and elderly blood recipients not enrolled in the plans mentioned above are often charged a penalty fee for units that were given to obtain coverage for the donor under those plans. Many blood agencies believe that there would not be enough blood donated if penalty fees were not charged, in spite of evidence that the blood is there to be had if those segments of the population who do give blood were properly encouraged to give more.

APPENDIX D

SAMPLE DONOR ELIGIBILITY SIGN

YOU CAN GIVE BLOOD IF:

1. it has been 8 weeks or more since your last donation.
2. you weigh over 110 pounds.
3. you are 17 years of age or older.
4. you have never had hepatitis.
5. it has been more than 3 years since you had malaria or took anti-malarial pills.
6. you have eaten within the past 4 hours (you should have something in your stomach).
7. you have not taken tetracycline within the past 48 hours (for complexion only); antibiotics (for any other reasons) within the past 2 weeks; or injections of antibiotics in the last 30 days.
8. you do not have acute symptoms of a cold or allergy.
9. you have not been pregnant within the past 6 weeks.

QUESTIONS? refer to Donor Guidelines at the registration table.

This sign should have on it eligibility requirements that are most often used to reject potential donors.

APPENDIX E

RED CROSS DONOR ELIGIBILITY GUIDELINES

This is a representative eligibility guideline to aid you in determining donor eligibility. Persons receiving phone appointments as well as the receptionist at the drive should have a copy of the guidelines.

ELIGIBLE DONOR

1. In good health.

2. Donor must weigh ... at least 110 pounds.

3. Donor must be no younger than 17 and no older than 61 years of age. If a regular donor gives ter age as 61 through 65, they can be accepted. Regular donors over 66 years of age can give only with written consent from their personal physician within two weeks of donation. First time donors over 50 may require evaluation.

4. Satisfactory hemoglobin.

5. Prefer donor has eaten solid food within the previous four hours (i.e., a good meal). Others will require evaluation.

6. Has not donated blood within the past eight weeks.

NON-ELIGIBLE DONORS:

1. Acute symptoms of a cold or flu (to include cough and sore throat).

2. Infections require an evaluation.

3. Temperature of 99.8 or above.

4. History of yellow jaundice or hepatitis.

5. Contact with person who has had yellow jaundice or hepatitis within the past six months.

6. If a member of family is on a kidney machine or any hospital employee who is presently working with a kidney machine.

7. Received blood or blood components within the previous six months.

8. Proven carrier of malaria, plasmodium malariae.

9. If donor has taken anti-malarial drugs within the past three years, or has been in a malarious zone such as Viet Nam within the previous six months.

10. Has had a tatoo, ears pierced, or acupuncture in the past six months.

11. Pregnancy during last six weeks.

12. Heart disease including stroke, heart murmur and/or history of heart disease, rheumatic fever. Definite evaluation required.

13. Major surgery during previous six months. Minor surgery requires evaluation.

14. Recent active tuberculosis. After five years, may be accepted with evaluation.

15. Diabetes requiring medical control.

16. Cancer, except for skin cancer, which will be evaluated.

17. Chronic kidney disease (see number 6, Non-Eligible).

18. Bronchial asthma which is symptomatic at time of donation.

19. Fainting spells -- epilepsy (for protection of donor).

20. Convulsions after first two years of life.

21. Skin infections require evaluation. Vein puncture site must be free of skin disease (see number 2, Non-Eligible).

22. Dental work -- includes cleaning within previous 24 hours.

23. Tooth extractions or any oral surgery within 72 hours.

24. Immunizations or vaccinations must be evaluated.

25. All medications must be evaluated:

    a. Antibiotics -- IM medications, if less than one month has elapsed since last dosage (including penicillin). Oral medications if less than two weeks since last dosage (including penicillin); 48 hours, if taken for acne (tetracycline).

    b. Donor on blood pressure medication may be accepted with written permission of personal physician.

    In most cases, diet pills and birth control pills are acceptable.

26. Unexplained weight loss requires evaluation.

27. POLYCTHEMIA VERA (too many red cells) -- Cannot be accepted unless donor presents written request for drawing by her private physician.

28. Exposure to infectious diseases MUST be evaluated. (Measles, mumps, chicken pox, etc.)

29. Hazardous occupation must be evaluated. Commercial pilots and crew may not fly for 14 days. Private pilots are grounded for 72 hours. Bus drivers cannot drive for 12 hours. Heavy machine operators, climbers, etc., 12 hours.

30. Extreme nervousness or fatigue.

31. Emotional disturbance.

32. High and low blood pressure requires evaluation. Many acceptable. Also see number 25(b) above.

33. Pulse irregularities, requires evaluation.

34. Hayfever and Allergy -- only if donor has symptoms on the day of donating or if the donor is receiving desensitization injections.

APPENDIX F

TIPS TO MAKING THE VOLUNTEER AND DONOR SCHEDULE SHEETS

Volunteer Schedule Sheet

The volunteer schedule sheet should have a section corresponding to every hour the blood drive is open, with a section looking something like:

(hour)(e.g.,10a.m.) Name Phone No.

Receptionist _____

Temperatures _____

_____

Walker _____

_____

_____

_____

Typist _____

_____

_____

Canteen _____

_____

All positions needed at a blood drive should be listed, with lines corresponding to the number of persons needed for every position.

The receptionist should check off the person's name when the volunteer shows up to work at the drive. The first space is for the volunteer's name which should be written down every hour te will work. The second space is for te social security number which only needs to be written down for the first hour that te will work that day. The last space is for the total number of hours that the volunteer will have worked that day. This will be told to the receptionist by the volunteer when te leaves. This should be written down next to the volunteer's social security number. (The volunteer's social security number and hours worked are needed for storage and year end recognition purposes respectively).

Donor Schedule Sheet

The donor schedule sheet should have an appropriate number of lines of the type illustrated below for every 15 minute period (see Appendix G to determine what an appropriate number of lines is):

The box at the left of the line should be checked off by the receptionist when the donor shows up at the drive. The donor's name should then go in the first space, ter social security number in the second space, and ter blood type in the third space. If the donor is then asked to donate at the local blood bank (because the drive has not opened or, is closed, is too crowded for any more donors at the time, ter his/her blood type is in dire need at the blood drawing agency), the receptionist should make a notation to this effect in the left hand margin next to ter name (for record keeping purposes).

BLOOD DRIVE APPOINTMENT SHEET

Wednesday, April 29

	Name	Social Security No.	Blood Type (if known)
10:15	☐		
	☐		
	☐		
	⋮		
10:30	☐		
	☐		
	☐		
	⋮		
	⋮		
	⋮		

APPENDIX G

SCHEDULING DONORS

Determining the appropriate number of lines or in other words the number of donors to schedule in a given unit of time is illustrated below (taken from page 4 of the American National Red Cross booklet, Scheduling Blood Donors [ARC 1777, Jan. 1971]).

For the sake of illustration, let's plan to collect 200 pints of blood in a drive that operates between 10 a.m. and 4 p.m.

1. Multiply the quota by the percentage usually medically deferred (~13%) to determine how many persons will be deferred:

   200 x 13% = 26

2. Multiply the quota by the percentage of expected "no shows" (~5%) to determine of those who made appointments (which should be about half of your quota) how many will not show up:

   200 x 5% = 10

3. Add the number deferred, the number of "no shows," and the quota to determine the number to be scheduled:

   26 deferred
   10 "no shows"
   +200 quota
   236 must be scheduled to obtain 200 pints of blood

4. Divide the number of persons scheduled by the number of hours of operation (6) to determine the number of donors to be scheduled each hour:

   236 : 6 = 39.4 40

5. Divide the number of donors scheduled each hour by 4 to determine how many donors should be allowed to donate for each 15 minute period:

   40 : 4 = 10

This is ideally how many donors should be scheduled or allowed to donate every 15 minutes, but this will almost never happen at a college bloodmobile. Even though you may schedule the donors who make appointments (which again should be about 50% of your quota) evenly around the hour, those who don't make appointments ("walk-ins") will tend to come all at once after one of their classes ends -- usually on the hour.

To solve this dilemma you must do three things. The first is to determine the maximum number of donors that could be scheduled every 15 minutes. To do this you must find out how many beds are set-up and how long a donor lays on this bed. Let's assume there are 12 beds and it takes 15 minutes for a donor to actually give his blood on the bed. This means that a bed could accommodate 4 donors an hour. With 12 beds a maximum of 4 x 12 or 48 donors could give in an hour's span -- or 12 donors every 15 minutes.

Even though the maximum number of donors is 12 every 15 minutes you should schedule 14-18 donors in the first quarter hour because you may only get 7-8 donors in each succeeding 15-minute interval of the hour. (When figuring out how many donors should be scheduled -- 14, 15, 16, 17, or 18 -- keep in mind that the length of time it takes for a donor to go through from registration to canteen should be between an hour and an hour and a half.) If, for example, you get 16 donors the first quarter hour and 8 the next three, the total for the hour will be 42 -- less than the 48 donor maximum for the hour and very close to your hourly quota.

Once you take all the donors who have made appointments for the first quarter hour and a suitable number of "walk-ins" to make up the 14-18 donors, the second thing you must do is to ask some of those waiting who weren't scheduled if they wouldn't mind going to the local blood bank to donate.

Once those people have been decided upon, the third thing you must do is to ask the remaining people to make <u>appointments</u> for later in the hour or later in the day or for another day during this blood drive.

APPENDIX H

MAKING PHONE CALLS TO AND ANSWERING PHONE CALLS FROM DONORS AND VOLUNTEERS

1. If you are answering phone calls, begin with "blood program" or "blood drive".

2. If you are making the phone calls,

   a. Phone around dinner time (4-7 p.m.) to have the best chance of contacting the person you are trying to reach.

   b. Once you contact your person,

      1) Give your name and that you're from the blood program.
      2) Give the dates, times, and place(s) of the blood drive.
      3) Ask if te would like to donate or volunteer (whichever is appropriate).
         a) If the person can't, thank ter and hang up.
         b) If te is willing, go on to the following appropriate sections.

3. If the person on the phone is willing to <u>volunteer</u>,

   a. Ask the person what day and time te would like to volunteer.

   b. Ask the person if te has ever worked at a drive before.

      1) If the person has worked before and knows all the stations, ask ter to make a choice of job (e.g., Temperatures) and mark it down on the volunteer schedule sheet (see Appendix F on how to make one) along with the day, time, and social security number (for coding purposes later).
      2) If the person has never worked at a drive before or has worked, but doesn't know all the stations, <u>briefly</u> describe all the stations and ask ter to make a choice and mark it down on the volunteer schedule sheet along with the day, time, and social security number.

   c. If you are short on volunteers for particular days, times, or stations, you may want to suggest to that person the day, time, or station instead of asking ter. Usually mornings are hard to fill with volunteers.

   d. Don't forget to mention the location of the drive where the volunteer will work.

   e. When you finish, thank ter and repeat the time and day of ter volunteering.

4. If the person on the phone is a prospective donor, but has questions on eligibility to give blood:

   a. First try to answer the person's question by looking it up on the donor eligibility sheets (see Appendix E for a representative donor eligibility guideline sheet).

   b. If that doesn't fully answer the question, you may do two things:

      1) If the donor wants to donate at a drive where the local blood bank will be drawing, give ter the phone number of the blood bank so te may ask them ter question.
      2) If the donor wants to donate at a Red Cross drive, have the person stop by the drive and ask the head Red Cross nurse, who has final say on all eligibility requirements.

5. If the person on the phone is willing to make an appointment to donate:

   a. Find out the day and time of the donation and write it down on the donor schedule sheet. You must get the name, social security number and, if known, the blood type of the donor (see Appendices F and G for directions on making and filling out a donor schedule sheet).

   b. Tell the person where the blood drive is being held (if it is held in more than one place).

   c. Thank ter and repeat the time and day of ter donation.

   d. Try to schedule donors on the quarter or half hour, if at all possible, because most walk-ins occur between the three-quarter and quarter hours as classes end.

   e. The time for donation should be about 1 hour (and the blood program should see to it that this occurs!) but don't guarantee it!

   f. If the person wants to donate the day te is calling, ask ter to just stop by the drive and make an appointment or walk-in preferably on the quarter or half hour. It would make for administrative hassles to be taking appointments to the drive site every 15 minutes for the same day.

APPENDIX I

BASIC DONOR RECRUITMENT PRINCIPLES*

1. The way that donors are recruited for a bloodmobile directly affects how the public feels about your blood program. Students who have been excessively pressured by their peers to donate, or threatened or frightened by other recruitment tactics, will not support your program and may indeed recommend that their friends not donate at your drives.

2. The reasons that donors, who had once given at one of your drives, have not given since should be examined and appropriate measures (if any) taken to remedy them. If donors have not had a fairly pleasant experience in donating their blood, they will simply not bother coming back again.

3. Effective donor recruitment cannot depend on gimmicks, threats, or haphazard efforts. The best recruitment is personal contact with the potential donor: a conversation where te is hopefully persuaded to give blood. In terms of the potential donor's motivation to give blood, the relationship between the two people is also very important. A friend asking a friend to donate has the best chance of succeeding.

4. Potential donors should be told the truth. A donor should not be told that the venapuncture "doesn't hurt at all" -- let ter know that it "may prick." If a donor expects giving blood to be completely painless, and it does hurt a little, te may not give again. If the experience is as expected, then that donor not only will donate again, but will encourage friends to give also.

5. Potential donors should also be made aware of what the donating procedure entails and what te must or must not do before donating ter blood (i.e., not taking tetracycline 48 hours before donating and having to eat at least 4 hours before donating). In this way te will be better informed and better equipped to inform ter friends.

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* Adapted from pages 4 and 5 of the American National Red Cross booklet, Workbook for the Donor Recruitment Chairman, (ARC 1778, Feb 1971).

APPENDIX J

excerpts from:

SUMMARY OF RESULTS OF BLOOD DONOR MOTIVATION STUDY

by John M. Hackmann

The following results are from a questionnaire mailed to every fifth donor who gave blood in the Volunteer Illini Project's (VIP's) blood collection program from July 1972 through April 1973 at the University of Illinois at Urbana-Champaign (the first year of the expanded blood program). It is hoped that the results will be of practical significance to people trying to organize a blood program on their university campus by providing some information on donor motivation to give blood. The questionnaire was written by David P. Eisenman, VIP Blood Program Advisor.

THE U OF I DRIVE HAS ATTRACTED MANY WHO HAD NEVER GIVEN BEFORE	56% of the donors gave their first pint this year; since only 14% of the donors were 18, the program is eliciting many "first-pints" from people who have been eligible a year or more. Many first time donors are reluctant -- 42%. Also, 18% of those feel their reluctance was justified. Therefore personal, sensitive responses are called for.
MANY U OF I DONORS CONTINUE TO GIVE WHILE ON CAMPUS	A full 80% of all donors gave for the first time at some U of I drive; of the 44% repeat donors, 2/3 had first given at the U of I, meaning many are oriented to giving here.
MORE THAN 1 OUT OF 4 AT EACH DRIVE ARE FIRST-TIME DONORS.	27% of the time, the person approaching the desk has never given before. This might be good to keep in mind when talking to prospective donors.
REPEAT DONORS ARE YOUNGER.	Mean age of one-time donors is 22.5 years; mean age of repeat donors is 21.3 years.
MOST DONORS ARE YOUNG, BUT MANY OLDER PEOPLE GIVE.	Mean age is 21.8 years, but 14% are 18, 23% are 19, 17% are 20, 17% are 21, 23% are 22-29, and 6% are 30 and over.
MEN AND WOMEN GIVE IN THE SAME PROPORTION AS THE CAMPUS POPULATION.	60% of undergraduates are male, 40% female. 71% of graduate students are male, 29% are female. The proportion of donors is not significantly different from the campus population.

MAKING AN APPOINTMENT IS NOT PREFERRED TO WALKING IN, EVEN THOUGH MOST DONORS HAVE MADE AT LEAST ONE APPOINTMENT.

47% prefer appointments, 46% walk in. But 62% have made at least one appointment.

DONORS KNOW BLOOD SHORTAGES EXIST, HOW LONG BLOOD CAN BE KEPT, AND HOW OFTEN THEY CAN GIVE.

85% replied that there is not usually enough blood. Estimates for the most blood one can give were 5.4/man/yr. and 5.0/woman/yr. But most thought accidents create the largest need for blood, when actually it is surgery, especially elective surgery. Also, donors estimated the need for blood at 23 pts/100 people/yr; in fact, the need is more like 3 pts/100 people/yr. in Illinois. About 3/4 of the donors knew how long blood can be stored.

ALMOST ALL DONORS SPEND 1/2 HOUR TO 1-1/2 HOURS TO GIVE: THEY REPORT A VARIETY OF REACTIONS.

"Giving blood takes:"

15 minutes	2%
30 minutes	14%
1 hour	68%
1-1/2 hours	14%
2 hours	3%

"After spending the required fifteen minutes in the canteen, most donors feel:

Feel no different at all	46%
Are a little tired for an hour	27%
Are tired for a day or so	21%
Feel better than they did before they gave	5%
Feel some effect for a week	3%

The results of Section Three: Opinions are included in the copy of the questionnaire attached at the end.

MOST DONORS HAVE FAMILY OR FRIENDS WHO ARE DONORS.

82% had a close friend or relative who has given. 77% know one or more of their four closest firends to be a donor, and 71% know one or more of four closest friends to be a donor this year, 60% have a donor parent, 44% other relatives donors. Several donors report 20 or more of their friends and relatives have given.

MOST DONORS HAVE BEEN ENCOURAGED TO GIVE, BUT MOST REPORT THEIR DECISION TO GIVE WAS MADE PRIVATELY.

60% were "encouraged", mostly by friends (77%). But 72% report their decision was a private one. It is interesting that only 1% of "encouraged" donors were encouraged by their parents, although 60% of donors had a donor parent.

USUALLY DONORS GIVE AGAIN FOR THE SAME REASONS.

40% report no change in reason while 28% report a change. But 60% of those reporting "a general desire to help people" report that they continue to give for the same reason.

DONORS GAVE FOR MANY REASONS, THE MOST COMMON BEING A GENERAL DESIRE TO HELP PEOPLE.

The next page gives the distribution of reasons. The first twenty-six were taken directly from The Gift Relationship by Richard Titmuss to permit a comparison with the only other study of blood donor motivation this author found. "General desire to help people is by far the biggest category, followed by "personal appeal". A comparison by sex is included.

CONCENTRATION ON NEED NOT COVERAGE

Since repeat donors are primarily responsible for the volume VIP collects (if each donor gave exactly one pint per year, his "quota" under many "blood assurance" plans, which are really blood replacement cost insurance plans, VIP would have collected only 3,300 instead of 6,000 pints) a successful program should concentrate on altruistic repeat donors. This was done last year, in that publicity stressed need, not coverage, and mailing lists of donors were maintained to encourage repeaters.

Categories used in classifying donor's answers to the question:
'Could you say why you first decided to be a blood donor?'*

British Donors Total, London Study	U of I Blood Donors Total, U of I Study	♀	♂	Description
		32	32	32 General desire to help people; a good thing to do
26.4	35.4	0	0	0 To help society or the state
		1	1	0+ Medical research, "Health Services", Red Cross, etc.
		0	0	0 Babies
1.4	3.8	4	6	2 Gratitude for good health
		0+	1	0 Repayment for transfusion they received
9.8	9.9	5	9	3 Repayment for transfusion of a friend
		4	5	4 Repayment for future needs
0.8	0.6	1	1	0 Replacing another member of the family who can no longer give
		2	3	1 Awareness of need: through job or volunteer work
		0+	1	0 Awareness of need: as a hospital patient
6.4	6.7	1	1	1 Awareness of need: visiting in a hospital
		0+	0	0+ Awareness of need: witnessing or reading of an accident
		0	0	0 Awareness of need: as a motorist
3.5	6.6	1	0	1 Duty: religious
		4	3	5 Duty: societal
6.7	0.8	1	0	1 In a war effort
5.0	0.5	1	0	1 While in armed forces
1.1	1.1	1	1	1 Rare blood group
		1	1	1 To obtain benefit: Blood type discovery
1.8	3.0	0	0	0 To obtain benefit: Health check
		0+	0	0+ To obtain benefit: "Giving is healthy"
13.2	11.0	11	8	13 Personal appeal
18.0	3.6	4	4	3 General appeal
5.0	11.0	3	2	4 Miscellaneous
0.9	6.0	6	6	5 More than one type of answer
100.0%	100.0%			

The following sub-categories were used in the U of I study and put back in the above categories for comparison with the London study:

0+	0	1	Giving people something for free
5	4	5	No Answer
3	3	3	Curiosity, impulse, desire for a new experience
2	3	2	Specific support for the conversion to an all-volunteer blood collection system in Illinois
0	0	0	Accepted Christ
1	1	0+	Help group reach goal
0	1	0	Personal growth, overcoming fear
1	1	1	Class credit
2	3	1	Duty: Participation in blood assurance plan
0	0	0	Needed the money
4	3	4	General Awareness of need

* Categories were used for comparison with results in The Gift Relationship by Prof. Richard Titmuss (Random House, 1971). A copy is available in the VIP office.

DONORS AGREE CONSIDERABLY ON SOME REASONS THAT MOST MOTIVATED THEM AND LEAST MOTIVATED THEM.

The instructions were:

> "Put an "X" next to the three reasons that have most motivated you to give blood and an "O" next to the three reasons that have least motivated you."

REASON:

%"X"	%"O"	Ratio X/O	
			"MOST"
71	3	23.7	It makes me feel good to help people, even strangers
54	2	27.0	I heard about shortages of blood and felt I should help
45	8	5.6	Maybe someday I'll need blood; if people don't give, other people could die
34	13	2.6	I want blood coverage for myself or my family
28	9	3.1	A lot of people can't give blood; it's up to those of us who can
21	15	1.4	I benefit from society; therefore I should contribute to society
			"LEAST"
19	61	.3	I got credit in a course I'm taking for giving blood
15	48	.3	I wanted to know my blood type
4	43	.1	My blood is a rare type and relatively hard to get
6	42	.1	People I know were giving; it seemed like the thing to do
6	25	.2	I was replacing blood used by someone I know or heard about
6	8	.8	My blood type is always needed since many people have the same type as mine

FIVE REASONS APPEAR TO BE THE "CONVENTIONAL WISDOM" OF WHY OTHERS DON'T GIVE.

77% "Afraid it will hurt"
44% "Don't have the time"
28% "Can't give; they would be rejected"
24% "Afraid of feeling weak afterwards"
20% "Afraid of fainting"

Thus "fear" and "being afraid" are the big reasons donors think other don't give --but Titmuss found that few say they are afraid.[1] Only one of four of these same donors said they were reluctant out of some fear.

---

[1] Richard Titmuss, The Gift Relationship (Random House, 1971).

MOST DONORS WANTED TO GIVE MORE OFTEN.

58% reported they did not give as often as they would have liked to; donors reported they would like to give a mean of 3.3 pints/year in college. (This is a higher figure than the 2.9 above, probably because only 40% answered this particular question.) 94% said they would give as much or more than last year; 70% said they would give more pints this year.

SOME SUGGESTIONS WERE OFFERED TO ENCOURAGE MORE DONATIONS.

Here is the break-down on suggestions:

More dates, different dates	8%
Push human side	1%
Better advertising	5%
Remind appointments	1%
More room for walk-ins	0+%
Earlier advertising	0%
Tell people why the are rejected	0+%
Other, more than one	9%
No Answer	74%

MANY DONORS WERE REACHED BY SEVERAL PUBLICITY EFFORTS.

"How did you first find out about this year's expanded blood program?"

Newspapers	27%
Posters, flyers	10%
Card at registration	6%
Radio or TV	1%
Floor official or house government	1%
Teacher or adviser	1%
"What program?"	1%
Other, more than one	39%
No Answer	4%

WOMEN ARE REJECTED MORE FREQUENTLY.

26% of the women have been rejected at least once; men 13%. This is a significant difference statistically. Overall one donor is rejected for every 8 pints, and 18% of donors are rejected at least once.

RED CROSS BLOOD MOBILES: WHAT THE DONORS THINK.

74% report they have given, or tried to give, to the Red Cross; this represents in the sample 274 donors coming to give 480 times. Thus 62% of the attempts to give were to the Red Cross.

"What did you like best about giving blood at the Red Cross Blood mobiles?"

People are funny, friendly, or caring	24%
Cookies, cake, canteen	3%
Convenient, fast, close	25%
Professional staff	3%
Easy way to help others	0+%
Ear test	0%
Other, more than one	18%
No Answer	27%

"It was right on campus and easy to get to."
"Friendly people"
"Convenient"
"People are nice, careful, sensitive to your needs."

"What did you like least about Red Cross Blood mobiles?"

Hard tables, flat position	5%
Long lines, waiting, bottlenecks	27%
Unfriendly, impersonal, or complaining nurses	5%
No screens between waiting and donating areas	1%
Needle	1%
Seating arrangements cause confusion	1%
Unskilled people taking blood	2%
Other, more than one	16%
No Answer	42%

"Once the seating arrangement met with confusion. Those just coming got taken first."
"The lack of ways of keeping people in line from station to station."
"Having to wait; it took two hours"
"Badly placed needle"
"I don't like lying on the tables."
"Feel like a reptile"
"The nurses"
"The students put you at ease, the staff was kind of mechanical."
"Impersonality of the situation"

DONORS FIRST GIVE AT ALL AGE LEVELS, BUT USUALLY WHEN YOUNG.

Mean age of VIP donors was 19.7 years; the mode (most frequent) was 18, and the median age (half older, half younger) was 19.

16-19	63%
20-24	31%
25-29	6%
30	<1%

A FEW DONORS SAID THEY WOULD NOT GIVE AGAIN AT A U OF I DRIVE.

10% told why they would not give again.

Too long a wait	1%
Graduating, leaving	6%
Ineligible	2%
Might get sick	0+%
Bad experience	1%
Only would give for friend	0%
Give regularly elsewhere	0%
Other, more than one	0+%
No Answer	90%

MANY DONORS COMMENTED ON THE STUDENT VOLUNTEERS IN THE BLOOD PROGRAM.

"Everybody seemed very competent and friendly."

"They were all very friendly, outgoing, reassuring, and sure of what they were doing."

"Great people; they weren't pushy, just very nice, very encouraging and sympathetic to first time donors who are afraid. I got sick after I donated the first time and everyone was so nice about it!"

"...Can tell they appreciate your giving blood."

"They cared about each individual."

DONORS' OPINIONS

Here we ask donors their ideas on how society should deal with the need for adequate supplies of safe, disease-free blood, and their attitudes regarding voluntary blood donors.

AGREE	DISAGREE	NO ANSWER	
18	80	1	Everyone who is able to give blood should be required to, rather like jury duty.
53	45	2	There would be plenty of volunteer blood donation if it were more convenient for most people to give blood.
68	30	3	Many hospitals make patients pay $25 a pint for any transfused blood they fail to replace by recruiting donors. If this fee were dropped, removing this incentive to recruit replacement pints, blood shortages would worsen.
93	4	2	Americans try to buy out of too many problems. Instead, we ought to look for ways to increase social awareness and get common action from everybody.
48	51	1	At this point in my life, I don't get many opportunities to help others in any important way.

AGREE	DISAGREE	NO ANSWER	
65	33	2	Many people will give blood only if they know someone who needs it.
18	81	2	In our society you either have to pay people to do something or make them do it. Generally speaking, large-scale voluntary action is impractical today in the United States.
95	4	1	Giving blood makes a person feel good for helping someone else.
8	87	5	The way to solve the blood problem is to find tests to detect diseases in blood and then just buy blood from anyone willing to sell it if his blood passes the tests.
63	33	4	It's OK for hospitals to make a charge for blood as an incentive to get the patient to recruit donors to replace what he received. But if the patient and his family are all ineligible and he can't find friends, he should not be charged.
4	93	3	"Do-gooders" make too many demands on us as individuals. Most of their causes should be taken up by government or individuals directly affected, not by people like me.
57	41	2	If people could be sure that every pint of blood they gave went to help someone, without a charge being made for it, more people would give blood. (NOTE: NO pint given in a U of I Blood Drive is sold. Recipients pay only a lab fee and a hospital fee for the transfusion, not for the blood.)
81	15	4	Blood Drives probably give most students their easiest and best opportunity to help others while they are in college.
59	37	5	What this country needs is a comprehensive health program for all citizens supported entirely through taxes.

APPENDIX K

CHECKLIST FOR INSPECTING POTENTIAL BLOODMOBILE SITES*

Location _____ Date Inspected _____

REQUIREMENTS		YES	NO	COMMENTS
Atmosphere	Adequate ventilation			
	Quiet			
	Cheerful			
	Clear, free of dust			
	Floor not slippery			
	Sufficient lighting			
	Heating/air conditioning			
	Free of flies and insects			
Layout, Location	Campus student traffic			
	Centralized location			
	Availability			
	Floor can be cleared			
	Visibility of site in bldg			
	Is room large enough?			
	Ground floor preferred			
	Ease for loading/unloading			
	Student composition (dorms)*			
	Parking for:			
	Blood drawing staff			
	Blood mobile trucks			
	Red Cross volunteers			
	Shuttle to blood bank			
Facilities	Electrical outlets			
	Clean rest rooms			
	Telephone			
	Ordering refreshments			
Equipment needed (to be supplied by site)	Chairs			
	Tables			
	Coat racks and hangers			
	Trash cans (large)			
	Mop			
	Bucket			
	Broom			
	Heavy duty extention cord (50 and 25 feet)			

* Taken from "Checklist for Inspecting Potential Bloodmobile Sites" page 3 of the American National Red Cross booklet -- Physical Arrangements for Bloodmobile Visits (ARC 1773, April 1970)

APPENDIX L

BLOOD DONOR INVENTORY SOFTWARE PACKAGE

This is a collection of computer programs designed to make mailing, phone, and address lists for blood donor recruitment. These programs access a file (called the Donor Master File) which contains for each donor:

social security number
name
local address
local zip
local phone number
home address
home zip
sex (desired for some component drawings)
blood type
date of last donation
acceptance code (i.e., donor, temporary reject
or permanent reject)
rare blood factor (if any)

The social security number was chosen as the unique identification for donors because names are prone to spelling errors, abbreviation errors, and nickname errors and the practice of taking social security numbers of blood donors is widespread.

Because college students move very frequently, it is a problem to keep abreast of their current local address. To help you with this problem, you should consult your university office of admissions and records. If this office is given an individual's social security number, it usually can give you that person's current address and even home address if you need it. If this is done at the beginning of every semester, your records will be up-to-date. (Home addresses are kept so summer mailings can be made encouraging students to donate at home.) The social security number is never printed.

Mailing Lists

Typical strategy for making a mailing list, for example, might be to make a subset of the Donor Master File. First, a subset is made only of those donors who are currently eligible. Then the zip codes could be used to further limit the size of the subset to those who could be expected to respond to this particular bloodmobile.

Subsets can be made by:

range of zip codes
list of specific social security numbers
range over last donation date
acceptance code

blood type
1% sample of all donors
10% sample of all donors
subset of subsets

You can limit any list to eligible donors within reasonable commuting distance, or all known donors, or any other subset criterion.

Phone List

To make a phone list, a subset is specified according to the desired blood type or types (and perhaps the zip code or codes). The list is printed in order by blood type, with name, address, phone, and blood type (and perhaps last donation date) for each donor in the subset.

An interesting phone list that could be made is a list of temporary rejects from 30 days ago or more. These people are often eligible and eager to give blood now. Some indication of the length of time you expect this person to be ineligible (pregnancy, surgery, etc.) should be kept, but many temporary rejects were simply anemic on the day they tried to give blood, or have other reasons of indefinite time length.

Address Lists

Address lists are sorted in order by zip code, then street name, then street number, then apartment number.

These lists are particularly suited to dormitory bloodmobiles, as each dormitory floor recruiter can be given a list of donors in ter housing unit, making personal contact feasible.

Updating the File

The task of keeping the Donor Master File up to date is fairly simple. Once a month an update card is coded for each donor who gave blood at an on-campus drive, including social security number, blood type, date the blood was given and acceptance code. Then a name attachment card is coded for all new donors (not in the Donor Master File). The name attachment card is used to file the name, local address, local zip code, phone number, and sex into the Donor Master File based on social security number. In addition, once a month all University related walk-in donors and call-in donors (i.e. not drive donors) to the local blood bank (if you are working with one) are coded and entered.

If you would like to have more information on these programs or actually obtain them, please write to:

John M. Hackmann
Blood Donor Research Group
105 Advanced Computation Building
Urbana, Illinois 61801
(217) 333-4975

APPENDIX M

MAILINGS TO DONORS

Letters mailed to all eligible donors just prior to a drive are a major, though expensive, recruitment tool. One study of mail solicitation at the University of Illinois at Urbana-Champaign showed that people who received mail solicitation were 30% more likely to donate. Thus, though the total number of donors generated by a mailing would not be sufficient to justify its cost in any one university drive, the increased general awareness of the program to the donor, along with any educational information about blood you may want to include in it, may provide enough justification for it.

The procedure to send a letter to donors should be something like the following:

1. Have the Donor Relations committee draft a letter with the dates, times, and location(s) of the drive. A "big pitch" isn't really necessary to get these people to donate, since they already made the decision to be a blood donor. Make the letter straightforward and informative and have it checked by the Director.

2. Have the letter typed up and copied (ITNL #18).

3. If you don't have the assistance of computer facilities:

   a. Hand address the envelopes

   b. Fold the letters and "stuff" them into the envelopes

   c. Separate them according to zip code (if you have more than one zip code in your college community)

   d. Bulk mail them (bulk-rate postage is a fraction of first class rates)

4. If you do have computer facilities:

   a. Have mailing labels made up.

   b. Give the mailing labels and letters to your mailing center (ITNL #17) and they should label the envelopes for you, fold and stuff the letters, and bulk mail them. Often they can put labels directly on your folded letter, further reducing costs.

5. Make sure that you leave yourself plenty of time before the drive to get your mailing out.

Citing an "acute shortage of blood," the Greater New York Blood Program has appealed to doctors in the metropolitan area to postpone all but urgent surgery ...

Doctors did not want to call the situation a crisis ...but they are concerned *because the first week or 10 days after New Year's is traditionally a low period for donations.*

-- from The New York Times, last week

To: October Blood Donors

From: VIP Blood Program

Did you know that a person can give blood every other month -- up to five times a year?

GIVING ANOTHER PINT NOW WOULD BE AN ESPECIALLY VALUABLE CONTRIBUTION.

Blood inventories are low. And, as the Times points out, donors are scarce.

Having monthly blood drives allows us to give more blood, and to give it when it is especially needed. Our 575 pints in December, for example, helped central Illinois and Chicago through the holidays with out shortages like New York's.

We know people are pressed for time right now -- we are, ourselves. We've added nurses and beds to cut waiting times to zero. We'll do even better than last month, when over 75% of our donors got in and out in less than an hour, total time.

With Red Cross and local inventories low, we need 750 donors this week. As of Sunday night, less than 200 were signed up.

PLEASE give another pint NOW if you haven't given since Thanksgiving.*

TODAY, TOMORROW, & WEDNESDAY -- JANUARY BLOOD DRIVE

January 8, 9, & 10
Illini Room C, Illini Union

9 a.m. - 6 p.m.

Walk-ins welcome. Appointments: VIP at 333-1020
Best times seem to be 11:30 - 1:30 and after 4 p.m.

Bring a friend!

SAMPLE DONOR NEWSLETTER

HAVE YOU GIVEN BLOOD LATELY? (YOU CAN GIVE EVERY EIGHT WEEKS, UP TO 6 PINTS/ YEAR)
GIVE NEXT WEEK (Nov. 12, 13, 14) at SHERMAN HALL, LAR or ISR / Appointments: 333-1020

VOLUNTEER ILLINI PROJECTS **BLOOD PROGRAM N E W S L E T T E R** NOV. 5, 1975

Donations Ahead of Last Year ... ... But Behind This Year's Goal

Since June 1, 1975, about 3600 pints of blood have been given by U of I students and staff through on-campus bloodmobiles and direct donations at the CCBB (Champaign County Blood Bank.) Last year 2000 pints had been contributed at this time.

This year's goal of 10,000 pints reflects expansion of the program to include blood agencies from the entire State of Illinois. In the past our blood remained primarily within central Illinois. We worked mostly with the Peoria REgional Red Cross and the CCBB.

This year more blood will go to Chicago, through Mid-America Red Cross and increased CCBB exports. We help southern and western Illinois through the Galesburg and St. Louis Red Cross Blood Centers.

We had hoped to collect 4000 pints by Nov. 1; so, although we are running 30% ahead of last year, we need to keep up the effort if we are to reach our new goal and give the agencies the blood they are counting on.

You can help by continuing to give every time you are eligible and able, and by encouraging your friends to become blood donors.

CHRISTMAS BLOOD PROJECT

Every year blood shortages appear across the U.S. in December and continue typically into January. The reason seems to be that accident and disease rates are up, but donors are traveling or involved in holiday plans so donations fall off.

The result is often very serious. Patients like hemophiliacs and leukemics who need blood all the time are threatened with unnecessary pain and even with irreversible damage. Other patients who are scheduled for non-emergency surgery find their operations cancelled. This can have serious financial and psychological consequences.

For several years U of I students and staff have helped out during the winter holiday even though classes are not meeting. Donors who will be eligible to give during the vacation period fill out pledge cards. VIP distributes them to the blood banks nearest the donors' vacation addresses.

IF YOU GAVE IN OCTOBER, YOU WILL NEXT BE ELIGIBLE TO GIVE ON DECEMBER 20 -- JUST WHEN THE VACATION BEGINS. THE PLEDGE PROJECT NEEDS YOU !! Fill out one of the enclosed cards and return it to VIP, 328 Illini Union. Then you'll be available if blood is needed near your home over break.

Pints given at home may be the most important of all the blood U of I students give all year. But remember -- blood is always needed. Each donor makes the maximum contribution by giving every time he has an opportunity and can spare the time.

If you're eligible to give at the November or December drives, don't fill out a pledge card yet. Try to give on campus if you can. If you can't, you can send a pledge in to us before you leave for vacation in December. Please pass a pledge on to a friend. Our goal is 1500 pledges.

HOW CAN WE DO BETTER? WE NEED YOU TO TELL US!

At the October drive in the Union a donor told us he finds it difficult to read while waiting at the different stations. His problem is he is afraid he'll lose his place. From now on each donor will be given a number at the Temperatures station, written in the corner of his meidcal history sheet. Then we'll do our best to keep you in order as you go through. And if you think you've lost your place, just ask if your number is up. Then you'll be able to read or chat without worrying. IF YOU HAVE SUGGESTIONS let us know. Send a note to "SUGGESTIONS -- VIP BLOOD PROGRAM, 328 Illini Union.

Our goal is to make it easy to give blood. Our program can succeed only if donors keep coming back, several times each year. Help us do a better job to serve you.

BLOOD PROGRAM T-SHIRTS AVAILABLE AT DRIVES

The first batch of T-shirts has arrived and can be picked up by those who ordered them at the VIP office, 328 Illini Union. The shirts have the blood program logo on the front and the donor's blood type on back.

T-shirt order forms will be available at the November bloodmobiles.

The price is $3.60, our cost. The design is white on red background.

DID YOU KNOW...

Blood is a living tissue. It cannot routinely be kept longer than three weeks. That is one reason we hold frequent campus bloodmobiles -- that way Illinois always has blood from U of I students.

Another reason for frequent drives is to give donors as many opportunities as possible to give. REPEAT DONATIONS are the only way we can meet our goal.

SEPTEMBER DONORS: TIME TO GIVE AGAIN !!

Eight weeks will be up for donors at the ISR and Gregory Drive bloodmobiles in September, just in time for the November drive. The RED CROSS and CCBS will accept you at any of these places and times:

SHERMAN HALL
WED., THURS., FRI., NOV. 12, 13, 14
10 - 12 A.M., 1 - 6 P.M.

LAB — WED., THURS.
ISR — FRIDAY only
11:30 - 5:30

GIVE AT THE NOVEMBER BLOODMOBILES

WHY DON'T MORE PEOPLE GIVE BLOOD?

According to the Blood Donor Research Group at the University, the literature on blood donation indicates that non-donors are just as aware of the importance of blood donation as donors. They also think blood donation is a good thing to do.

The difference comes down to fear. Non-donors usually indicate that they expect blood donation to be painful. And they are afraid they couldn't take the discomfort.

A survey of U of I donors indicated that 85% feel completely "normal" an hour after donating.

5% say they feel better; the remaining 10% report some effects lasting from a day to a week.

YOU CAN HELP recruit new donors by telling frankly your experiences as a donor. The research group has found that most people become donors because someone they know and trust told them about giving.

CHANCELLOR, BLOOD AGENCIES, CAMPUS OFFICES SUPPORT VIP BLOOD PROGRAM

Those of us managing the VIP Blood Program are grateful to our group of over 100 student volunteers who help with the drives and with backup projects (such as making this mailing!). The program also requires considerable material support, both dollars and in-kind contributions.

The Illini Union, which is student-fee-supported, has provided space, set-up assistance and food at no charge since the expanded blood program began in 1970. We are grateful to Harold Licht and Carl Pinder, as well as Marjorie Arkwright, for their help in the Union. Now that bloodmobiles are being held in residence halls, their staffs are giving us similar assistance, which helps enormously.

Mailings of notices and thank-you cards, and set-up costs when bloodmobiles are set up in classroom buildings, require funds. Chancellor Peterson had found private funds to help us through our first three years. We hope this is the last year we will need access to these scarce dollars.

The Champaign County Blood Bank has been a steady contributor to VIP. This newsletter is being paid for from funds [illegible]. The Central Illinois Red Cross Blood Center makes semi-annual payments to VIP to offset [illegible] and other cash expenses.

We also receive [illegible] and assistance from numerous campus offices and personnel. [illegible] to single out Myron Stipp of Campus Parking whose help with our [illegible] has been nothing short of heroic.

[illegible] Day is [illegible]. We'll answer them in future newsletters.

EVERY NEW DONOR [illegible] PINTS, OVER HIS LIFETIME. SHARE THE DONOR EXPERIENCE

APPENDIX N

STATISTICS TO BE MEASURED AT END OF EACH DRIVE

1. Percentage of goal obtained
   to show how good the overall effort of the blood program was in recruiting donors for the bloodmobile.

2. Percentage and number of first time donors
   to see how well you are building up your donor population

3. Percentage of donors deferred
   to be used as a better percentage figure in scheduling donors (Appendix G)

4. Percentage of donor reactions
   to compare between drives. If it is abnormally high in a particular place and time, an examination of the physical set-up may reveal the cause (such as no air conditioning on a humid 95°(F) day). Needless to say, a remedy for this should be sought for the next drive.

5. Percentage of "no shows"
   to be used as a better percentage figure in scheduling donors (Appendix G)

6. Percentage of people who made appointments
   to see what percentage of your goal should be appointments before a drive to insure that, with walk-ins, you will reach your goal.

7. If you have a dormitory drive, percentage of donors who live in the dorm
   to see where the majority of donors in a dorm drive come from and hence how to better recruit donors for a drive in that dorm.

8. Number of volunteer hours
   to see how many volunteer hours it is necessary to schedule to get a certain number of pints.

Appendix O

SAMPLE LETTERS TO BE SENT TO FACULTY, STAFF, VOLUNTEERS AND PARENTS

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

OFFICE OF THE VICE CHANCELLOR
FOR ACADEMIC AFFAIRS

107 COBLE HALL
CHAMPAIGN, ILLINOIS 61820

NOVEMBER 28, 1972

To: Parents of Students at the Urbana-Champaign Campus

From: David Eisenman, Staff Associate David Eisenman

Your son or daughter may be one of several thousand students who have already given blood this fall at the new monthly blood drives sponsored by Volunteer Illini Projects. VIP's program helps the Champaign County Blood Bank and the Peoria Regional Red Cross Blood Program meet growing Illinois blood needs. Besides meeting county and regional needs, both agencies ship blood throughout the State in response to emergencies.

In gratitude for this considerably expanded U of I effort, the Red Cross has included all students, faculty, and staff at Urbana-Champaign AND THEIR IMMEDIATE FAMILIES in a Blood Entitlement Program.

Throughout the United States, there are three chronic problems with blood:

- often it is not available when you need it;
- sometimes when it is available, it transmits fatal diseases;
- frequently patients have to pay a stiff fee for every pint they can't arrange to replace.

This last problem is solved for you and for every other U of I family. The Red Cross will see to it that you do not have to pay for, or find donors to replace, any blood you or your children receive anywhere in the United States or Canada this year (through September 15, 1973).

But no one can guarantee that adequate, safe, blood will actually be available when a member of your family needs it. That depends critically on you and on the other potential blood donors in your own community.

Red Cross coverage of U of I families in no way lessens the need for your blood in your community. Increased student donations are improving the over-all blood supply in Illinois. Regional centers can rush blood to local hospitals in emergencies. But that takes time and at best can only supplement what you have available locally.

The members of VIP, with whom I have been working, want me to encourage you to join us in converting Illinois to an all-volunteer blood system. This is the year to end the problems of inadequate, unsafe, and uneconomical blood supplies in Illinois.

This time of the year is especially good to contact you local community or hospital blood bank, or the Red Cross. (In Chicago, contact "BLOOD BROTHERS", 332-2272.) Sickness and accidents increase in the winter weather, but donors tend to fall off in number.

Call your nearest blood collecting agency today to register to give blood. They will be very grateful for your offer of assistance.

And tell them the U of I students sent you.

University of Illinois at Urbana-Champaign

OFFICE OF THE VICE CHANCELLOR FOR ACADEMIC AFFAIRS 107 COBLE HALL CHAMPAIGN, ILLINOIS 61820

December 5, 1975

To: All Academic and Non-Academic Staff

From: David Eisenman, Staff Associate
Advisor to the VIP Blood Program 333-4975

Enclosed is your RED CROSS Blood Assurance card for this year. See the reverse side of this note for a more complete explanation of blood assurance than appears on the card.

*****

A PARTICULARLY CRITICAL SEASON FOR THE ILLINOIS BLOOD SUPPLY IS ABOUT TO BEGIN

From roughly Christmas week through January, hospitals all over the country experience shortages of blood. Sickness and accidents go up. Blood donations go down. Consequently, surgery is postponed and sometimes emergency patients suffer unnecessarily from lack of blood or blood components.

Last Christmas/New Years roughly 350 University staff responded to a letter like this one. The Champaign County Blood Bank called in a very high fraction of that number, and Champaign suffered no blood shortage.

YOUR HELP IS NEEDED AGAIN THIS YEAR. Blood use in this community has gone up substantially since last year. If you are willing and able to give blood over the semester break, please fill out the coupon below and return it, indicating the period(s) in which you will be available.

NOTE: A number of local church congregations have begun blood programs with the Champaign County Blood Bank. If your church is participating, simply ask that your pint be credited to your church's program, even if you are called in through the University program. All donation programs are coordinated and are committed to mutual support.

TO: Volunteer Illini Projects Blood Program, 328 Illini Union

☐ YES. I'll give a pint in Champaign if called over the holiday.
☐ I've given blood at the Champaign County Blood Bank before.

Name: _____ Blood Type(if known): ___ Rh ___

Home Address: _____ Home Phone: _____

Campus Address: _____ Campus Phone: _____

Date of Last Donation (if known): _____

Are you going to be out of town during the vacation? From: _____ To: _____

(SEE OTHER SIDE)

WHAT IS BLOOD ASSURANCE?

The three most serious problems facing the blood transfusion service in the United States are:

- o AVAILABILITY: Blood of all needed types is not always available in sufficient amounts when and where it is needed.
- o QUALITY: Sometimes, even when blood of the proper types is available, it has been supplied by paid donors who are much more likely to be carriers of serious or even fatal diseases transmitted through transfusion than volunteer donors. (In Illinois, blood used in transfusions must be labeled as to source.)
- o COST: To increase the supply of voluntarily-donated blood, many hospitals require transfused patients to recruit sufficient donors to replace blood they have received or pay a monetary "replacement fee" for each unit of blood not replaced.

BLOOD ASSURANCE deals only with this third problem. After a transfused patient is released from the hospital, membership in a blood assurance program will relieve him of any obligation to recruit replacement donors or to pay non-replacement fees.

Blood assurance benefits are available to individuals who have themselves given blood or who are members of groups which, collectively, have donated significant amounts of blood. It is only right to free such individuals from obligations to replace or pay fees in lieu of blood, since they have acted to contribute voluntarily to the available blood supply.

Thus, blood assurance is primarily an economic benefit for those covered: if blood was found for them when they needed it, at least they won't have to pay for it or find donors to replace what they have used.

HOWEVER, NO PERSON OR ORGANIZATION CAN GUARANTEE THAT VOLUNTARILY-DONATED BLOOD WILL BE AVAILABLE FOR ANY PERSON WHENEVER AND WHEREVER IT IS NEEDED.

All hospitals and blood service organizations are ethically bound to do their best to find blood for EVERY patient, whether or not a member of a blood assurance program. Their ability to provide voluntarily-donated blood for any patient depends solely and entirely on whether enough people have given blood voluntarily in advance of that patient's need. Hospitals and blood banks routinely exchange blood and assist one another in responding to emergency situations. But they can only share what has already been donated. IF NOBODY GIVES, NOBODY GETS.

Most healthy people between the ages of 17 and 65 who weight more than 110 pounds can give blood as often as SIX TIMES A YEAR, with a minimum of eight weeks between donations. The Champaign County Blood Bank will be happy to answer questions about the eligibility of any prospective donor. Their phone number is 367-2207.

THE BIG QUESTION - WHETHER THERE WILL BE BLOOD AVAILABLE IF YOU OR A MEMBER OF YOUR FAMILY NEEDS IT - CAN ONLY BE ANSWERED BY YOU AND YOUR NEIGHBORS GIVING BLOOD REGULARLY AS OFTEN AS YOU POSSIBLY CAN.

Volunteer Illini Projects, Incorporated
328 Illini Union North
Urbana, Illinois 61801
(217) 333-1020

Dear Volunteer,

You may have already received a letter from me a week or so ago about volunteering for some of the first blood program activities of the school year, but this letter was written to you because you have shown us that you are interested in taking charge of a blood drive in your housing unit or neighborhood on campus or in taking a staff responsibility with the blood program. Listed below are descriptions of the various committees that you may want to work under.

PUBLICITY COMMITTEE head - Regina Unti
needs approximately 4+ people

This committee will be responsible for all media coordination ie. radio announcements, newspaper ads, D.I. notices, posters, etc. for the Union drives and will help the dorm coordinators organize their publicity.

DONOR RELATIONS AND RECRUITMENT head needed, preferably who has previously worked on either of the donor relations or donor recruitment committees
needs approximately 8+ people

This committee will have several responsibilities:

1). recruiting donors for both the Union and dorm drives. This will involve speaking and showing short films to various groups as potential donors (dormitories or fraternities and sororities), studying various means of donor recruitment (there is a professor interested in doing a research project on this) and mailings to inform donors of upcoming blood drives for which they are eligible to give. This committee will also be in charge of continuing donor recruitment (by means of mailings) over Christmas and summer vacations.

2). supplying donors with as many services as possible. This will include the mailing of Red Cross and Champaign County Blood Bank (CCBB) donation cards, planning and executing special events at the blood drives, taking surveys involving donor feedback, working with Computer services (another committee)

to code donor information onto computer tape, and handling any complaints that the donors may have about anything at the drives.

3). providing educational material and information to both donors and volunteers concerning areas of blood collection and any other pertinent information on blood.

VOLUNTEER RELATIONS AND LOGISTICS head - Donna Bernardoni needs quite a few people.

This committee's primary responsibility will be to contact, recruit, and coordinate the volunteers for the blood drives - both Union and dorm. This includes contacting and recruiting new volunteers at the beginning of the semester and throughout the year, updating the mailing list and file cards, giving feedback to the volunteers and keeping them informed of the time and location of the blood drives, and supervising at the blood drives.

In order to accomplish all these objectives, there are going to have to be several other positions in this committee. These positions are described below:

a). dorm coordinator for each dorm complex. (~10 total) This person's duties will include signing up volunteers and donors for their drive and handling publicity for that dorm complex.

b). floor blood program representative (~80 total). This will be a person on every floor of a university dorm to help the dorm coordinator with his responsibilities on a floor by floor basis.

c). someone to be in charge of the 8 Red Cross visits to the dorms. By "in charge" I mean making sure the dorm coordinators and floor blood program representatives know what they are supposed to be doing, serving as an intermediate between the dorm volunteers and the blood program committees, and making sure that all the physical arrangements have been made ie. making sure the lounges are reserved, food is ordered, tables have been set up, etc.

d). Someone to be in charge of the 9 CCBB dorm drives.

e). Fraternities and sororities coordinator. This person will be in charge of getting donors and volunteers from the fraternities and sororities on campus and handling publicity for them. This person will hopefully work with the cooperation of the Panhellic Council.

f). Trained volunteers head. For the Champaign County Blood Bank's dorm drives student volunteers can take medical histories and hematocrits in addition to regular volunteer work. These volunteers must be trained at the CCBB. The trained volunteers head will work with Charles Drummond at CCBB to schedule interested volunteers to be trained.

COMPUTER SERVICES Jan Bogorad and Paula Carlin

need approximately 1 more person.

Codes donor information onto computer tapes and helps getting out mailing for any of the other committees. Persons applying should have some computer programming knowledge.

If you are interested in working on any of the above committees please fill out the bottom 2/3 of this sheet and mail it to VIP. (before you come down to school)

Sincerely yours,

Paul Pearl

cut on this line, fold in half, place stamp on it, and drop in the mail box.

attn: Blood Program

VOLUNTEER ILLINI PROJECTS, INC.
328 Illini Union North
Urbana, Illinois 61801

stamp

Name_____ Campus phone_____

Campus address_____ Date you will be on campus:

Check which one you would like to work under: ___ _____

___ Publicity
___ Donor Relations and Recruitment (___ head)
___ Computer Services
___ Volunteer Relations and Logistics (just on committee)
___ Red Cross coordinator
___ CCBB coordinator (may already be taken)
___ Dorm complex coordinator (name of complex _____)
___ Floor blood representative (name of dorm and floor number _____)
___ Fraternities and Sororities coordinator
___ Trained Volunteers Head

(staple or tape halves together)

VIP

APPENDIX P
DEFINITIONS

Altruism
Unselfish concern for others; usually evidenced by non-monetary helping behavior.

Assurance, Blood
The eligible donor makes a donation of one pint of blood each year in return for which he and his family are insured for their blood needs for one year. The plan has several variations. It could be for a group of people who donate a number of pints equal to a fixed percentage of its membership or families. It could be a community-wide plan. See Appendix C.

Blood Banks
Blood banks are concerned with the collection of blood from donors. Some (e.g., hospital blood banks) will also be concerned with processing, cross-matching and transfusion. If not in a hospital they will be concerned with collecting, distributing and supplying whole blood.

Blood Labeling Act
In Illinois the Blood Label Act, enacted in 1972, requires that all blood for transfusion be labeled either "Blood from Volunteer Donor" or "Purchased Blood", since there is a greater risk of infecting patients with hepatitis if the blood is drawn from paid donors. The act also requires that if purchased blood is used, the attending physician must enter in the patients medical record "his reasons for such action." The impact of this law has been to virtually eliminate use of paid blood in Illinois.

Components, Blood
Portion of blood separated by physical process at the blood banks.
- whole blood
- packed red blood cells
- fresh frozen plasma
- platelet rich plasma
- platelet concentrates
- cryoprecipitate

Credit Donor
Donates blood to replace blood used by himself, his family or friends. It is possible that he can ask that his pint be used as a credit for an unnamed recipient of blood.

Derivatives, Blood
They are separated from plasma by chemical means. Done in a pharmaceutical house, in contrast to components which are made at blood banks.

Drawing Agencies
Organizations that are equipped with personnel and equipment to draw blood. They may exist in a hospital or independently of a hospital (e.g., Red Cross and Community Blood Banks).

Inducements

Inducements to donate blood may be as extreme as an implied reduction in a prison sentence to the distribution of lapel pins designating the number of donations given.

Outdating

Whole blood is outdated if it is not used within 21 days of being drawn. Also referred to as wastage. (It is possible to salvage the plasma, so "wasting" is misleading.)

Packed Cells

Whole blood minus a high percent of the plasma.

Plasma

Blood is composed of a vast number of minute cells suspended in pale yellow fluid. The pale yellow fluid is plasma. It is valuable for transfusion fluid and can be stored several months.

Plasmapheresis

A process in which a donor gives a pint of blood, the red cells are separated from the plasma (the liquid part of the blood as distinguished from the suspended elements), and are then injected back into the donor. It is used to produce plasma for anti-hemophiliac factor and other blood proteins.

Platelet-pheresis

Donors give 2 pints of blood at a single session. After the first pint has been drawn the donor waits in a 'donor chair' while a high speed centrifuge separates the plasma and the platelets from the whole blood. When this is done, the red cells, white cells and some plasma are returned to the donor's veins. Then another pint is withdrawn and returned in the same session.

Platelets

Take part in the clotting of blood and so help to stop bleeding when blood vessels are cut or damaged. Platelets are tiny and make up a small but critical fraction of whole blood.

Replacement

After use of blood, patients and their families are encouraged to find family and friends to give blood in order to replace the blood used by the patient. If the blood itself is not replaced the patient is sometimes charged a fee called a non-replacement fee. In effect, some hospitals "loan" blood on condition the loan is repaid in blood or money.

Shelf-life

After 21 days of storage under refrigeration, where blood has lost some of its usefulness because many red cells have been altered and chemical changes have occurred, making it less desirable for transfusion. Regulations prohibit transfusion of blood more than 21 days old.

Walk-in Donor

Donor who appears at a drive or permanent drawing center without an appointment.

APPENDIX Q

SAMPLE USAGE OF NEWSPAPERS

UIUC Official Notice DAILY ILLINI 3/14/74

GIVE BLOOD TODAY

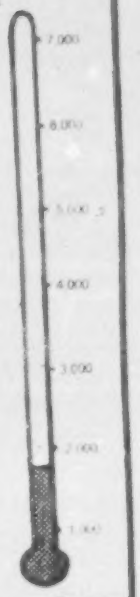
English Building, Lower Gym

9 a.m. — 4 p.m.

Appointments for tomorrow:
VIP at 333-1020

Blood drive totals

The Volunteer Illini Projects sponsored blood drive continues today and Thursday in Illini Rooms B and C of the Illini Union. Persons who want to donate blood today should go to the Union, while those who want to donate Thursday can make an appointment by calling 333-1020, or can go without an appointment.



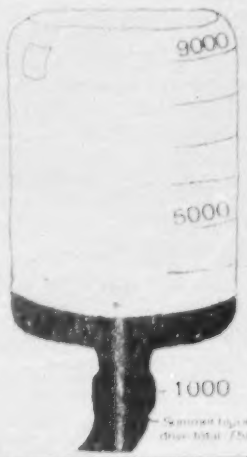
Blood drive total

Goal for this year: 9,750 pints

Volunteer Illini Projects collected 237 pints pf blood at Garner and Illinois Street Residence Halls Friday. This brings the year's total to 2,637 pints.

VIP's next blood drive will be October 22, 23 and 24 at the Illini Union from 10:15 a.m. to 4:15 p.m. at and Florida Avenue Residence Halls from 11:30 a.m. to 7 p.m.

Persons wishing to make appointments to give blood may call 333-1020 between 8 a.m. and 4 p.m. Walk-in donors are welcome, according to Paul Pisarik, director of VIP's blood drive.



Daily-Illin. Sept 75

DAILY ILLINI 3/14/74

Letters

Donate blood today, Friday

To the Editor:

Students, faculty, staff: you are invited to donate blood Thursday and Friday in the English Building Lower Gym. A good turnout will ensure that blood supplies will be maintained over spring vacation.

The University of Illinois had provided 6,000 to 7,000 pints a year since the state went to an all-volunteer blood system two years ago. The elimination of the paid donor has been accompanied by a significant drop in the incidence of hepatitis in the Chicago area.

Many donors ask where the blood goes. About half of our total is distributed in Central Illinois by the Red Cross, and the other half is used right here in the local hospitals and is collected by the Champaign County Blood Bank.

Chicago hospitals receive blood from both these agencies on request. Thus the University blood program provides needed pints all over the state, helping to assure that fresh blood is on the shelf whenever and wherever it is needed.

Call Volunteer Illini Projects, 333-1020, for an appointment or walk in at the English Building Lower Gym, 9:45 a.m. to 3:45 p.m. today or Friday.

JOHN HACKMANN

VIP blood drive still needs volunteer donors

by Lori Levin
staff writer

Volunteer Illini Projects Blood Donor Program, which has been running a month's drive for the last two years, was formed in order to help take care of people's need for blood in Illinois.

The VIP blood project is one of the things that helped get Illinois off paid blood, which is now illegal," said Gina Yellin, co-head of the program. When people were paid for their blood, many lied on their medical history forms in order to get the money, and the blood they gave was often contaminated. Yellin said she feels that volunteer donors are honest and consequently their blood is safe.

VIP's blood program has been taking donors since Tuesday in Illini Room B of the Illini Union from 9 a.m. to 4:30 p.m. The blood drive ends today. Blood intake has been slower this month than previous drives. VIP officials said. On Tuesday 60 pints were collected and 80 per day were expected.

The blood program is affiliated with the Peoria Red Cross and Champaign County Blood Bank, who guarantee free blood to University affiliated persons and their families throughout the state, due to the success of the program.

Donors must be in good health and at least 17 years old, and can not have donated blood within the preceding eight weeks. Females must weigh at least 110 pounds, and males at least 130 pounds.

The pint of blood taken is available to people meeting the weight requirements due to an extra pint stored in the spleen. If the person does not weigh the required amount, he may not have the extra pint and could be weakened by donating blood.

Much of the medical history information is to protect the donor so that he does not have a bad reaction. But for people who meet the requirements, it does not hurt them to give blood, Yellin said.

Donors can give blood up to five times a year. Prospective donors are advised to make an appointment to give blood, in order to arrange it at their convenience. Appointments can be made by calling 333-1050. Walk-in donors will be accepted, however. Blood is always needed because donated blood is only useful up to 21 days after it is taken, unless it is frozen, which is a very costly procedure.

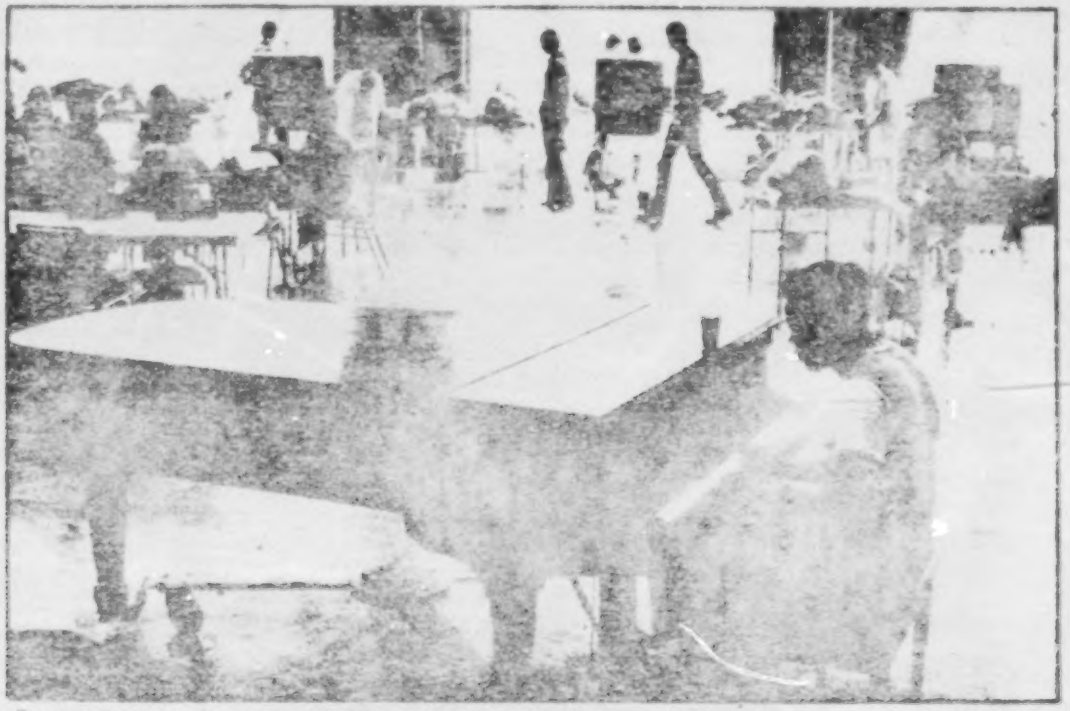
The process of donating blood takes one hour. First the donor checks in. His temperature is then taken, he gives his medical history, and his blood pressure and pulse are taken. The donor is given refreshments while he waits for an empty table. The actual process of donating the pint of blood lasts 10 minutes. After the blood is drawn, the donor is asked to remain in the canteen for 15 minutes to make certain that he has not had an adverse reaction.

Donors give blood for many reasons. A VIP motivation study found that most people donate blood for to help other people.

The study found that one donor is rejected for every eight pints of blood taken, and 15 per cent of all donors are rejected at least once. Women are rejected more frequently than men.

Very few people have permanent reasons why they cannot donate blood. We need donors very badly. There is nearly always a shortage of blood. If someone is rejected, it does not mean that they will be rejected the next time, said Melissa Beam, co-head of the blood drive.

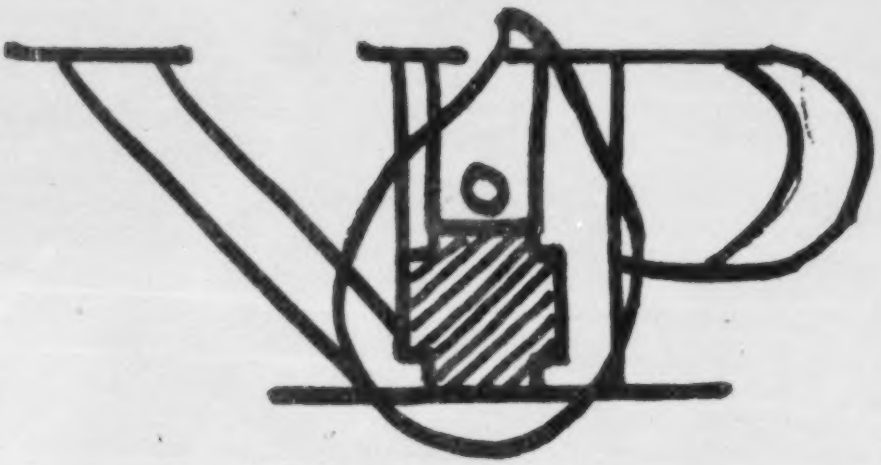
Even the people who have permanent reasons why they cannot donate can help work as volunteers. Positions are available in publicity, donor relations, volunteer relations and recruitment committees.



Donors listen to the tunes of Champaign's Anthony Young as they give to the Volunteer Illini Projects Blood Donor Program at the Illini Union. The blood drive continues through today in Illini Room B from 9 a.m. to 4:30 p.m. (photo by Tom Carpenter)

APPENDIX R

SAMPLE VOLUNTEER MANUAL



VOLUNTEER ILLINI PROJECT'S BLOOD PROGRAM

Volunteer Manual

by

PAUL PISARIK
Director
with material from a report by
MELISSA BEAN

Sept. 1975

I would like to welcome you to Volunteer Illini Project's Blood Program. The blood program here at the U of I is unique in two aspects from any other college blood program. First it is the largest blood program in the country and secondly the program besides scheduling donors to give blood during the regular school year schedules them to give at the Champaign County Blood Bank (CCBB) during the summer and Christmas vacations--the times when blood is needed the most. Most of the people who are scheduled at CCBB over vacation periods are University faculty and staff. In addition to this we sent pledge cards to all University donors asking them to donate over the summer at their neighborhood blood bank.

The goal of our Blood Program is to provide an adequate supply of safe, inexpensive blood throughout the state of Illinois. Any blood agency with which we work (and there are five such agencies this year) must demonstrate that it makes efficient use of the pints we give them and must not charge recipients a 'replacement fee'. Next to collecting blood this is the next most immediate thing we are concentrating our effort on. We hope to completely abolish this fee from the blood bank here in Chambana and eventually throughout the state. This replacement fee is a fee that is charged to a blood recipient if he doesn't replace the blood that he used with that of a friend's or relative's blood. This may not be hard to do in the cases where only a few pints of blood are used, but in the cases where 20 to 30 pints of blood are used, replacing them becomes practically impossible and the patient is stuck with paying 300 to 600 dollars out of his own pocket (this is not covered by insurance).

As a result of our program, all the students, faculty, retired University of Illinois (Urbana campus) employees and their immediate families enjoy 'blood assurance' by the American Red Cross. This coverage is explained on the red cards that most of you got when you picked up your ID cards. In short, this blood assurance means that the University community or its immediate family is entitled to all of the blood it needs anywhere in the United States or Canada without incurring replacement obligations or charges for the blood beyond laboratory costs. Similarly for every pint the University community gives, a patient somewhere receives a pint which he is not obligated to replace. The students, faculty, and staff represent about 45,000 families. If 6750 pints of blood or more are donated by the members of the University Community each year, this community will have gathered enough blood to meet the needs of it families.

What I have written above gives a general description of the Blood Program. The reason that I included this in the manual was to better inform you about the program in case any donor at a drive would have any questions about it. Now a few words about the volunteer in general and the time that I feel a volunteer should give. Most of the projects in VIP require that the volunteers put in about 4 hours per week--depending of course on the program. The Blood Program asks the volunteer to put in only 2-4 hours per month (in other words 2-4 hours per drive)--a quarter of the time that other projects require. But last year we had a hard time getting volunteers to work at the drives. You don't know how frustrating it is to sit at a phone and call and call and only get more people saying that they are busy and can't find the time, than people who will work. I can well understand that we university students have classes and homework and in many cases have a job, but surely in the span of time from Wednesday morning to Friday afternoon (the days that all the drives are on) volunteers have at least a couple of hours that they can volunteer. If not, then they really shouldn't have signed up to be a volunteer. With all the responsibilities that I have with the blood program, I feel that working at the drives is the best part of being with the blood program. I would rather do that than go through some of the administrative hassles that I have to go through.

What I would like you to do is this. Before each drive, about the Friday before the week of the drive, call the VIP office (333-1020) and tell Susan, the secretary there, what you would like to do at the drive and the dates and times. The different things that you can do at the drives and the dates and times of all the drives are listed in this manual. If it is at all possible, try to schedule a 2 hour time so that there is less of a turnover of volunteers. Please try to work a little at each blood drive. The reason I would like you to call the Friday before the week of the drive is so that the Volunteer Relations and Logistics Committee can have enough time either to tell the dorms in which the blood drive is being held of the number of volunteers that still need to be gotten or in the case of a Union drive, to have enough time to sit next to the phone and start phoning all those volunteers who had not yet called to work at the drive. Another reason is that a number of volunteers complained last year that they were never called upon to volunteer. With the 200 volunteers we have had last year, it was hard to call everyone before the drive and before our patience ran out.

One final work to those volunteer who live close to or in FAR and PAR: we still need a dorm coordinator for each of these two dorm complexes, as well as floor representatives for most of the floors. The coordinators' responsibilities are to somehow

get a person on most of the floors to be a floor blood representative (whose main responsibility will be to help put up publicity posters and alternate with the other floor representatives in sitting in the cafeteria for 5 nights prior to the drive to sign up donors and volunteers. The other responsibility is to make sure that all the physical arrangements have been made, i.e. making sure the lounges are reserved, food is ordered, tables have been set up, etc. This person will be aided by Volunteer Relations and Logistics Chairperson and the Publicity Chairperson in anything that they may need. If you are interested, please phone the VIP office and the secretary will give me your phone number and I'll get into contact with you or phone me directly at 332-0848.

Now we are ready to get to the nitty-gritty. Listed below are the different things that you can do at the Red Cross drives and the CCBB drives. Note that there are certain things you can do for CCBB that you aren't allowed to do for Red Cross, so I will list the different things you can do for each drive separately along with what each station will be responsible to do. The last page of the manual is the schedule for all the drives for the rest of the school year. Please tear this sheet off the rest of the booklet and put it up on you wall or bulletin board. On the left hand side of the chart for each drive is the date of the Friday the week before that particular drive. This is again the date before which you should call to volunteer for that drive. This schedule is subject to slight changes as the year progresses.

RED CROSS BLOOD DRIVE VOLUNTEER POSITIONS

RECEPTIONIST

1. The receptionist should be able to answer donors questions or at least be able to refer the donor to someone who can. (Medical questions not answered by disqualification sheets provided or the disqualification sign should be taken to head nurse.)

2. This person will be taking appointments for the day's drive and marking donor's names off as they arrive. Donors should then be directed to the typists.

3. Donors wanting appointments for the next day(s) of the drive should be given the VIP office number (333-1020) and directed to the nearest university phone.

4. Walk-in donors can be taken as the situation permits. This ability to judge the situation comes from experience.

5. New volunteers should be directed to the supervisor.

6. This person will be in charge in keeping track of how many prospective donors show up at the drive on the tally sheets prepared by the Red Cross (head nurse has these).

7. When the receptionist is not so busy, he/she can talk to people who have finished donating to get some estimate of how fast donors are getting out. Ideally, it would be less than an hour, but realistically it is one to one and a half hours.

TYPISTS

1. The typist will be given a sample form of how the registration form should be typed out. It should have the donors full name, permanent address, home phone number, where employed (eg. U of I student), campus address, date, date of birth, social security number (in two places), and sex.

2. Donor must sign the registration from and any donor cards should be paper clipped to the front of the card.

3. If the donor hands you a card from another blood bank you can use this to type the basic information. Long names are easier to copy than to listen to.

4. Replacement forms are also generally kept at this table. A donor wishing to credit his pint of blood to someone else must provide the name of the patient, where and when the patient was hospitalized and the address of the patient. All requested information must be obtained so that credit for the blood can be sent. If the person is requesting a replacement for a member of this university or his family, then the person should be informed of the University of Illinois's Blood Assurance Plan with the Peoria Red Cross and should be directed to the Insurance Office, B-6, Coble Hall, to fill out the necessary forms.

5. Typists should give the donor his registration card and show him where the coat racks are and instruct him to go to the temperature station.

CARD MACHINE OPERATORS (this is listed on the volunteer sign up sheets as being under typists)

This volunteer is at the same table as the typists. Only Red Cross plastic cards work in the machine.

1. Make sure that the information of the plastic card is correct. If it is not and the donor wants it changed, a new card must be typed up and the old plastic card attached to the registration form with a paper clips

2. If the information is correct, check to make sure the person has not donated within the past eight weeks.

3. Make sure the donor writes down his campus phone number, campus address, and puts his social security number in two places as mentioned before.

4. Make sure that the donor signs the registration card.

5. Paper clip the plastic card to the front of the card.

6. Do not run over the card with the machine more than once.

7. If you have any problem with the machine, tell the head nurse.

TEMPERATURE TAKERS

1. Greet the donor and take his registration card. Ask for his/her weight and record it on the card. Donor must be 17-61 years of age; donors must wiigh 110 pounds (women) and 130 pounds (men).

2. When asking weight, do it quietly; some people do not like to have it shouted across the room.

3. Make sure that the donor has signed the form.

4. When the donors come to the station, have their cards on the table in order that they arrive. In order to facilitate this orderliness number the cards from 1 through the number of donors that pass through this station at the top of the form.

5. Check the thermometer before inserting it into the donors mouth to make sure it has been shaken down below 94 degrees Fahrenheit, and that the tip is not broken or cracked. Make sure the volunteer is seated.

6. Leave the thermometer in the donors mouth about three minutes. The temperature should be between 96.6 and 99.6 degrees F. If this temperature reading is above or below this range, ask the donor if he/she wouldn't mind using a different thermometer, and then insert a new one and reread the temperature. Write down both temperatures and circle the second one. If this second temperature doen't lie in the range specified, send him on to the next station anyway. ONLY THE NURSE AT THE NEXT STATION CAN TELL A DONOR THAT HE CANNOT DONATE BECAUSE OF HIS TEMPERAUTRE.

7. After taking the thermometer out of the donors mouth, wipe it off with a clean, wet gauze. Use a new piece of gauze for each thermometer. DO NOT REUSE THE THERMOMETER.

8. Put the used thermometers in the plastic container. Make sure the thermometers are all lying the same way. Stack the thermometers one layer thick and put a square of paper

toweling between each layer.

9. The donor should be given his card and told to go to the blood pressure station.

WALKERS

1. The walkers most important function is to make sure no one gets hurt. If a donor starts to feel faint, etc.:
   a. Protect his head.
   b. Get the person to the ground as fast and as safely as possible.
   c. Summon canteen nurse.
   d. Move the cot to the person. Do not move the person to the cot.
2. The nurse will generally do any or all of the following:
   a. Put their legs up.
   b. Have them breathe into a paper bag.
   c. Cover the person with blankets, if needed.
   d. Keep watch on the pulse.
   e. Have the person drink milk.
3. If there are enough walkers, it is all right to talk to the recovering donor, providing the donor is up to it and the nurse does not seem to mind.
4. Walkers should be alert to nurses. The nurse will signal when the donor is ready to go to the canteen, and the walker should not keep the nurse waiting.
5. When walking a donor to the canteen, hold the bandaged arm; this leaves the donors good arm to pull a chair in the canteen. It also keeps the donor from falling and putting pressure on that arm.

6. The walker MUST HOLD ONE TO EVERY DONOR. A donor often claims to feel fine, protests someones holding him, and then faints.

7. Donors should not lean on bandaged arm.

8. Take the finished blood unit and the card over to the custodian table. Needless to say, the unit should be entirely disconnected from the donor before removing it from the donor table.

9. Guys walking girls and vice versa works out well!!!

CANTEEN WORKERS

The local Red Cross is in charge of this station; however, it helps to have student volunteers here to pass out refreshments.

1. The floor supervisor should introduce the VIP volunteer to the Red Cross lady in charge and other volunteers.

2. The Red Cross lady generally shows the volunteers what

to do. This is:

a. giving each donor a cup of water--they must drink this first.
b. then asking them if they prefer Coke or coffee (cream/sugar)
c. giving the donor two cookies
d. giving donor a 'be nice to me, I gave blood today' sticker.

3. Donors can have as much as they want.

4. If you run out of something in the canteen, the women in the kitchen can get if for you (go through the swinging doors in the Illini Rooms). The VIP supervisor should know where refreshements are too.

5. Canteen volunteers should watch to make sure people look OK. Any change in color should be watched. Usually the nurse takes care of this.

6. If the person feels faint, have him put his head between his legs and a volunteer should move a cot to the person. Summon a nurse.

7. STAY CALM. Distract other donors if one has a reaction before a chain reaction starts. If one faints, often so will a few others.

8. When working with food, be sanitary. Handle the cookies as little as possible and use napkins.

9. The donor should keep his arm on the table so that the nurse can make sure that it is not still bleeding.

10. The donor must stay in the canteen 15 minutes (by the nurses watch!!)

11. The donor gallon pins are handed out in the canteen; this provided immediate reinformement for these donors.

CHAMPAIGN COUNTY BLOOD BANK VOLUNTEER POSITIONS (for all drives labeled CCBB). VOLUNTEERS FOR THIS MUST BE TRAINED AT THE CHAMPAIGN COUNTY BLOOD BANK. TRAINING INCLUDES TAKING MEDICAL HISTORIES, HEMATOCRITS, TEMPERATURES AND TYPING BLOOD. CAN CALL THE VIP OFFICE FOR MORE INFORMATION ON HOW HOW CAN BE TRAINED.

MEDICAL HISTORIES

1. Be familiar with CCBB donor guidelines and know who to ask questions of at the blood bank (one of the technicians who doesn't look so busy).

2. When the donor comes in, ask him to hang up his coat and to be seated.

3. Have the person fill out the information on the front of the registration card. First make sure the information on the front of the card is correct. (Should have local address, local phone, and social security number for VIP purposes too.)

4. Ask all the medical history questions and mark the prospective donors response on the card.

5. Make sure donor reads and signs card.

HEMATOCRITS AND BLOOD TYPING

1. Have the donor sit at the table and check to see that the registration card is filled out and signed.

2. Take the donors middle finger (donor may prefer you use the hand that he doesn't write with).

3. Squeeze finger gently in the direction of palm to finger tip.

4. Dampen cotton ball with alcohol and wipe off finger tip.

5. Twist off cap of finger lancet.

6. Try to relax donor, perhaps ask him to turn his head away.

7. While gently, but firmly, holding donors hand, jab needle into finger forcefully enough to break the skin and collect several drops of blood. Don't be afraid to give a forceful prick so that the person doesn't have to be stuck again.

8. Wipe off the first drop of blood, since this may be diluted with alcohol and fill two capillary tubes. One will be for typing purposes and the other for a hematocrit. Put the capillary tubes in sealing clay.

9. Give donor cotton to hold over puncture site.

HEMATOCRIT

1. Put the capillary tube with blood into the centrifuge and leave for three minutes.

2. Remove the tube, align on the device for reading hematocrits and determine the approximate percentage of red blood cell/whole blood. The minimum acceptable standards are men--41% and women--38%.

3. Record results.

BLOOD TYPING

1. Blood type — Reaction to

O	Neither anti A or anti B agglutinates.
A	Anti A agglutinates when added; anti B doesn't agglutinate.
B	Anti B agglutinates; anti A doesn't agglutinate.
AB	Anti A, anti B, both agglutinate.

2. Use capillary tube of blood and put two drops on glass slide--add anti A to one and anti B to the other, stir, and note results.

3. Rh factor test can also be done. Put another drop of blood on another slide, add anti-Rh and put on top of heating device. Mix gently (move slide from side to side). If agglutination occurs, donor is probably Rh+, meaning he has the Rh+ antigen.

4. These typing tests are not necessarily entirely accurate, since there are other less common type factors; however these are the most common blood types.

TEMPERATURE

1. Cover thermometer with a new plastic cover after shaking it out down below 94 degrees Fahrenheit.

2. Put the thermometer under donors tongue and leave for approximately three minutes.

3. Remove the thermometer from the donors mouth, throw the plastic covering away, read the thermometer and record results.

4. DO NOT GIVE THE PERSON THERMOMETER WHILE THEY ARE HAVING THEIR FINGER PRICKED!!!!!

CANTEEN

1. The donor will be sent into the donor recovery area for a period of no less than 15 minutes during which time the canteen person will watch him to insure that there are no immediate adverse reactions (such as fainting, dizziness, etc.).

2. The canteen volunteer must remain calm if an emergency situation should arise.

3. If a person feels faint ask him to put his head between his legs and call a nurse. Ammonia capsules are available from the nurse.

4. If this happens, distract other donors while the nurse cares for the ill donor, so that a chain reaction doesn't start and other donors start passing out.

5. Give donors whatever they want to eat.

6. Talk with donors and try to put them at ease.

7. After fifteen minutes, if there have been no problems, the donor may leave.